Regional Health Authority
Central Manitoba Inc.

Office régional de la santé
du Centre du Manitoba inc.

2009–2010 Annual Report

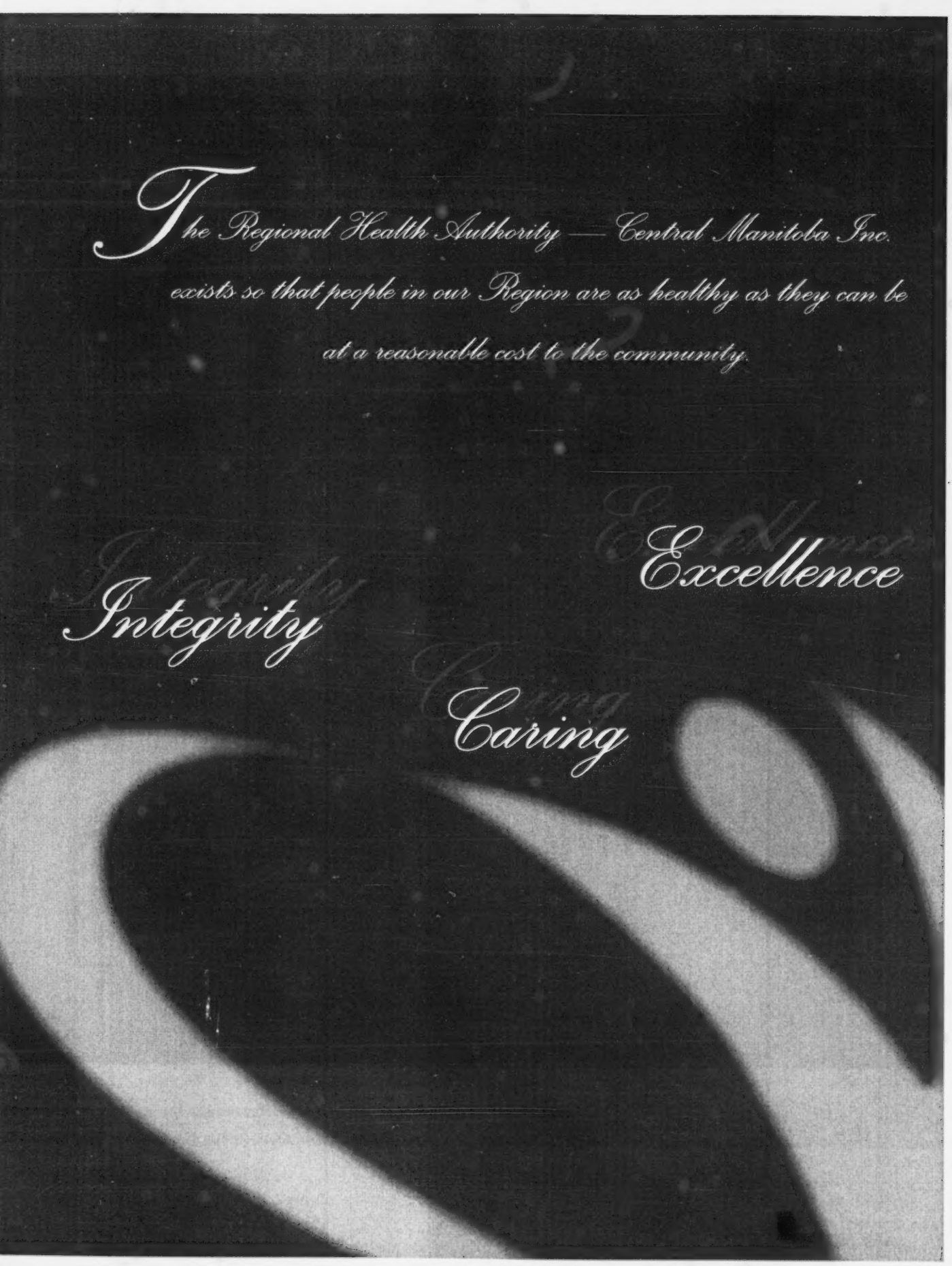
connecting the dots

The Regional Health Authority — Central Manitoba Inc. exists so that people in our Region are as healthy as they can be at a reasonable cost to the community.

Excellence

Integrity

Caring



Letter of **Transmittal**

September, 2010

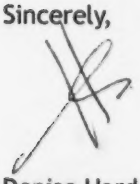
Honourable Theresa Oswald
Minister of Health

Dear Minister:

On behalf of the Board of Directors of Regional Health Authority - Central Manitoba Inc. (RHA Central), I respectfully submit our 2009 - 2010 Annual Report. The document, prepared under the Board's direction was approved by the Board of Directors in accordance with the Regional Health Authorities Act and directions provided by the Minister of Health. In compliance with appropriate legislative authority and government requirements, all material, economic and fiscal implications known as of March 31, 2010 have been considered in preparing the Annual Report.

We anticipate you will find this a comprehensive report of the 2009/10 achievements and direction of RHA Central Manitoba Inc., as we strive to be "as healthy as (we) can be at a reasonable cost to the community".

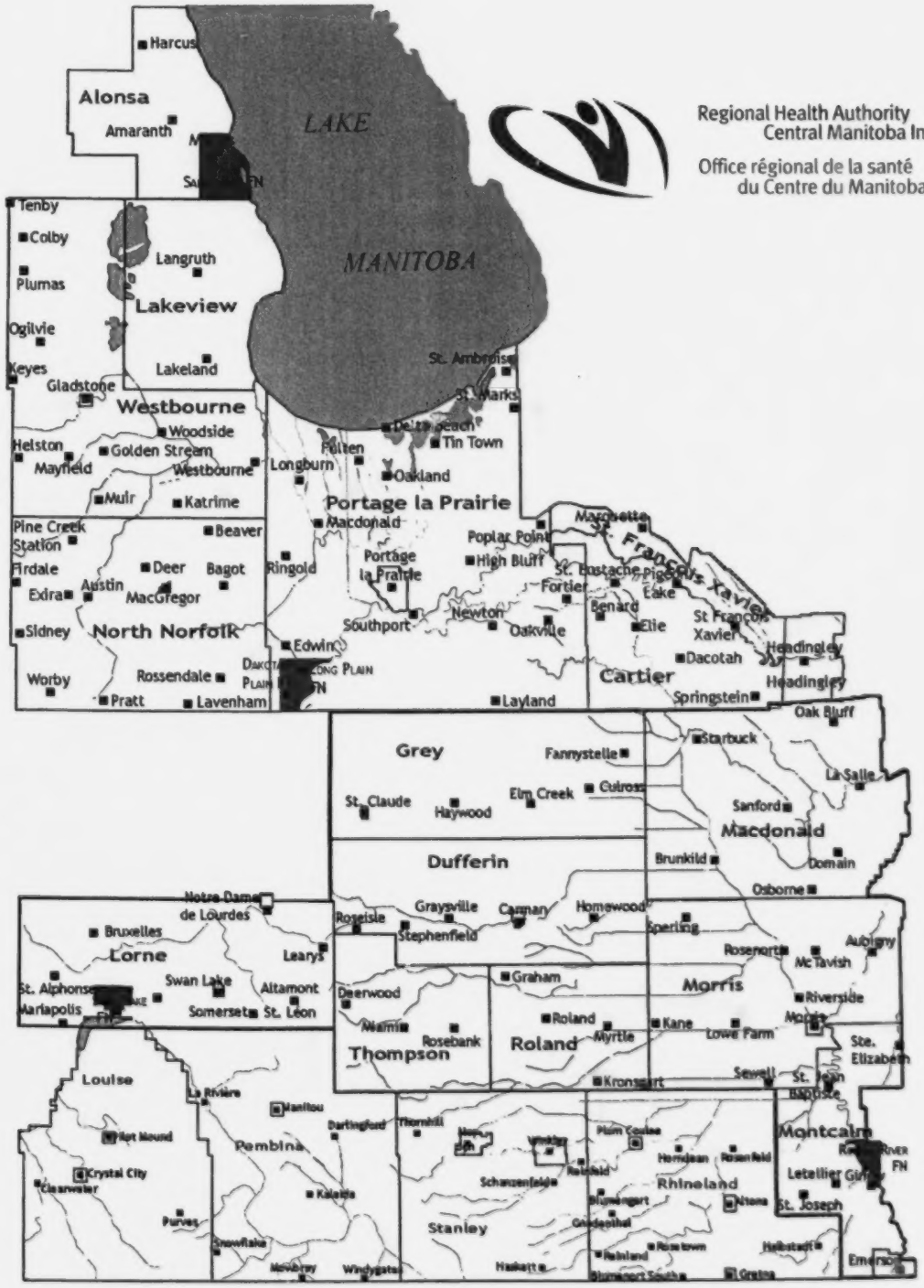
Sincerely,



Denise Harder
Board Chair
Regional Health Authority - Central Manitoba Inc.

RHA Central Manitoba

Map



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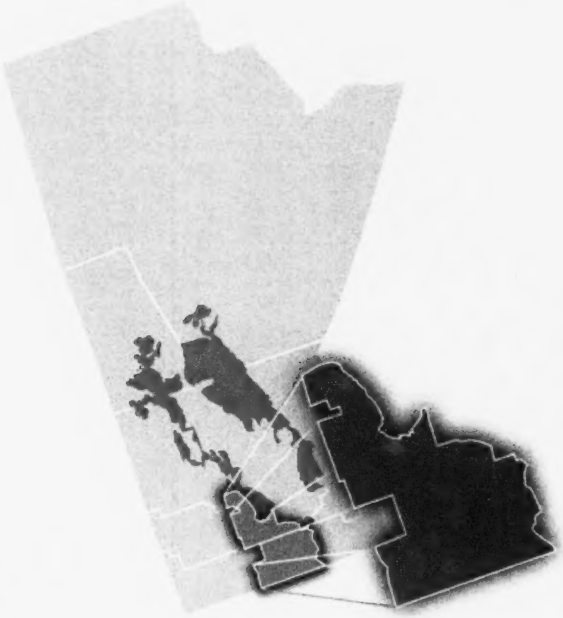
Central **Region**



Central Region extends across more than 17,025 square kilometers of south-central Manitoba. With most of the Region lying within the prehistoric bed of Glacial Lake Agassiz, a relatively flat landscape stretches from the Red River Valley in the east rising with rolling hills to the Pembina escarpment on the western edge. From the U.S. border, the Region reaches up to Winnipeg in its northeast corner, and then follows the South-western edge of Lake Manitoba.

Three major rivers, the Red, Assiniboine and Boyne Rivers meander through the area and eventually into Lake Winnipeg. While these are important and historic waterways, they are also prone to flooding. In particular, because of its northward flow, the Red River has flooded repeatedly through the centuries, impacting the lives of the people in the surrounding land. For example, in the last decade, Red River flooding has caused significant social and economic disruption during widespread flooding in 1997 and 2009.

Long before the first settlers came to Central Region, ancient Mound-Builders left their burial and ceremonial mounds throughout the area to mark their passage. Other Aboriginal tribes followed them. As a major group of the Anishinabe people, the First Nation Ojibway tribes enjoyed the natural bounty of plentiful hunting grounds of the area relying on the buffalo herds to provide their basic survival necessities of food, shelter and clothing. Fishing and hunting of beaver, moose, deer and caribou also sustained their livelihood. As people from Eastern Canada and Europe came to a make a new life for themselves in this area, the Ojibway relied on the strength of their cultural identity to adapt to new conditions. Today, six First Nation communities are located within the boundaries of RHA Central's geography.

Central Region's diverse population is a story of pioneering and immigration which still continues today. Prior to 1870, early settlement had taken place along the Red River by the Métis and French and, in the Portage area, an important trading post was established. This was followed by a westward tide of English settlers from Ontario, French-speaking settlers from Quebec, and by substantial migration of Mennonites from Russia. Today, approximately 105,000 people live in Central Region. They represent a rich and varied heritage and reflect the early and newer settlements from Belgium, England, France, Germany, Holland, Iceland, Norway, Russia (Mennonites and over 60 Hutterite colonies), Scotland, the Kanadiers (Canadians born abroad, living in Mexico, Bolivia and

Paraguay, in Mennonite colonies), Native Canadians and Métis.

In the 21st century, many of the day-to-day activities and yearly events continue to reflect the rich diversity of cultures, a prosperous agricultural land base, and related processing and service industries. There are many agricultural fairs, annual fall suppers, ball tournaments and festivals. For example, Austin Thresherman's Reunion and Museum, Sunflower Festival in Altona, the Corn and Apple in Morden, the Big Morris Stampede and Ag Expo in Morris, and the Portage Potato Festival are amongst many. Most native communities maintain a strong heritage, through celebrations like Pow Wows and traditional feasts.

People enjoy numerous recreational and leisure activities. Sporting events are numerous: in/out door swimming, tennis, golfing on spectacular courses, wildlife sanctuaries, baseball, soccer, water-skiing. Camping, fishing and hunting are also popular. Winter activities include hockey, curling, in/outdoor skating, ice fishing, snowmobiling, and cross country skiing with miles of groomed trails and downhill skiing at La Rivière.

With 8.5% of Manitoba's total population, Central Region is the most populous of the province's rural and northern Health Authority regions. There are 37 municipalities in Central Region and many towns and villages.

A Joint Message from
Regional Health Authority – Central Manitoba Inc.

Chair of the Board of Directors and Chief Executive Officer

To guide our efforts towards its achievement, four Board ENDs and Strategic Priorities prescribe organizational achievement:

- **Healthy Individuals and a Healthy Environment**
- **A Healthy, Responsive and Innovative Organization**
- **Access to the Most Appropriate Care in the Most Appropriate Setting**
- **A Sustainable, Safe and Integrated Client-centred Health Care System**

We are pleased to present the Regional Health Authority – Central Manitoba Inc.'s (RHA Central) annual report highlighting some of the accomplishments of the year ending March 31, 2010.

The annual report reflects a bit of history as it unfolds every year and, undoubtedly, we can say this year was an extraordinarily eventful and memorable one. Amidst unprecedented economic turmoil, and rising flood waters in parts of Central Region in the spring, the World Health Organization declared the pandemic outbreak of a new strain of influenza, "H1N1". As with the rest of the world, we were preoccupied with this concern through much of the year.

Our values of Integrity, Caring and Excellence were indeed tested and proven. With exemplary responsiveness to the needs of our community, individuals, staff and volunteers from across the Region rose to the occasion. Their efforts were a source of inspiration, and we were also reminded that health essentially connects us all. Our efforts to overcome the obstacles and challenges were interwoven with those of our regional and provincial colleagues from all sectors.

We are surrounded with competent, dynamic and caring individuals and organizations who work in and with the RHA Central. The achievements of this extraordinary year are due to a truly incomparable team of exceptional people "connecting" for a common purpose. We express our heartfelt appreciation to all who have dedicated their time, talent and effort.

Against this backdrop, RHA Central continued its commitment to excellence in providing quality care and service. As demonstrated in the following pages, achievements were evident in all parts of the Region. The Aboriginal Health High School Internship program, the 32 nurses recruited from the Philippines into the RHA Central workplace, Chronic Disease Prevention Initiatives, and the opening of the Portage District General Hospital Emergency Room expansion and redevelopment project are but a few examples.

Fundamental to the decisions and choices we make on a daily basis, is connecting and engaging with our community. In our Community Engagement activities, we focused our attention on the Community Health Assessment (CHA). We observe that, on average, Central Region has a relatively healthy population. Key indicators of well-being show that, in recent years, through the combined efforts of individuals, the community and the RHA Central, there are many good things happening in Central Region. While we celebrate this achievement, we also recognize there is room for improvement. As we continue to 'connect the dots' of information provided in the CHA, thoughtful choices will be made over the coming year in our strategic plan, requiring all of us to collectively embrace a compelling vision for the future.

Key indicators of well-being show that, in recent years, through the combined efforts of individuals, the community and the RHA Central, there are many good things happening in Central Region.

The CHA results also highlighted the complex relationship between the determinants of health as well as the connection between the RHA Central, its partners, stakeholders and the community in enabling people to be "as healthy as can be". We invite you to learn more by accessing the CHA document on our website. We welcome your feedback.

Despite the global economic downturn, 2009/10 was a strong year for RHA Central. With a prudent and responsible approach in our fiscal policies and practices and a year-end surplus, our solid business performance this past year will allow us to uphold a sustainable, resilient and enduring health care system in Central Region. We will continue offering high-quality service to our community while facing an upcoming year of economic challenges.

The vision, commitment and conscientious attention to fiduciary responsibilities that our entire Board brings to the RHA Central are reflected in the professionalism and quality of our planning efforts, ethical decision making and deepening community engagement.

We acknowledge Manitoba Health, Manitoba Healthy Living, Youth & Seniors as well as our colleagues across the province for their collaboration and shared expertise to enable a coordinated response to health emergencies.

Through open dialogue, shared wisdom and a sense of optimism, we find common ground and achieve great things even during the most challenging times. This was evident as we worked with people across the Region.

Someone once said that "Our lives are connected by a thousand invisible threads and, along these sympathetic fibers, our actions run as causes and return to us as results." As we enter the second decade of the 21st century, we look forward to continuing the valuable connections with all our partners.

Sincerely,

Robert Jones
2009/10 Chair
Board of Directors

Denise Harder
2009/10 Vice-Chair
2010/11 Chair
Board of Directors

Kathy McPhail
Chief Executive Officer

Governance

Denise Harder
Chairperson (2010/11)
Vice-Chairperson (2009-10)
Portage la Prairie

Robert Jones
Chairperson (2009/10)
Winkler Term ended May/10

Norbert Delaquis
Vice-Chairperson (2010/11)
Notre Dame de Lourdes

Darlene Arnott
Portage la Prairie

Marie Buchan
Sanford

Elin Czeranko
Langruth

The RHA Central is governed by a Board of Directors, members of which are appointed by the Minister of Health in accordance with provisions of The Regional Health Authority Act. They are responsible for implementing and establishing a sustainable, integrated regional system of health services by:

- Providing leadership in addressing the health needs of the population within the defined geographic boundaries of the Region;
- Assuming full Board responsibilities and attending meetings on a regular basis;
- Communicating effectively with management and the people in the Region; and
- Being accountable for directing the management and affairs of the Regional Health Authority.

The Board of Directors functions in accordance with its General By-laws and its Governance policies that describe the governance processes and practices, responsibilities of the Board and Terms of Reference for committees. The Chair, appointed by the Minister of Health, convenes at least ten regular meetings of the Board in each fiscal year. In addition, the Board operates with the following committees:

Audit Committee:

- Develops specification of the scope of audit prior to external audit. This includes Board assurance that the external auditor's scope includes any Board policies for which the Board wishes the auditor to assess compliance.
- Prepares a slate of competent auditors from which the Board can choose. This includes developing the selection criteria, issuing the Request for Proposal (RFP), screening, interviewing and the subsequent performance management (including appraisal/evaluation) as well as ruling out any conflict of interest.
- Develops and employs methods to provide the Board with knowledge of the degree to which the Board's financial policies are being met by management.

Donna Harasymec
Morden

Roger Kirouac
La Salle Term ended March/10

Armande Leclair
Letellier

Alice McKinney
Swan Lake

Daren VanDenBussche
Portage la Prairie

Barry Driedger
Carman Term began June/10

Don Kuhl
Winkler Term began June/10

Barbara Martens
Portage la Prairie
Term began June/10

- Develops and employs methods to provide Board assurance that adequate fiscal accountability controls exist in the organization. This includes receiving the external auditor's report and having the Auditor carry out monitoring.

Policy Review Committee

- Reviews By-laws and all Governance Process (GP), Board-CEO Linkage (BC), and Executive Limitations (EL) policies in accordance with the Board's Annual Governance Calendar. Additional policies may also be reviewed as required by the Board and/or Board Committees.
- Develops performance indicators for monitoring GP and BC Policies.
- Reports back to the Board after each policy/ies is/are completed.

Community Engagement Committee:

- Plans Community Engagement and Partnership activities relevant to the Board ENDs and Strategic Priorities inclusive of the regional Strategic Plan and Community Health Assessment and presents recommendations to the Board for including in the Annual Governance Calendar.
- Plans the Annual Public Meeting.
- Board Member Recruitment and Board Committee Membership
  - Performs the annual review of Board Member recruitment process and supporting information.
  - Annually, in April, provides education regarding Board Committee work and responsibilities to Board members prior to the April Board meeting, surveys Board members to determine interest to serve on Board Committees and identifies Board Committee membership
  - Annually, at the April Board meeting, presents composition of Board Committees to the Board for approval.

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continued from p. 9

The Board operates as a "Committee of the Whole" for the Executive Committee and Finance Committee and for Quality and Risk Management (includes patient safety). Board Member Liaisons are also appointed to the Regional Medical Advisory Committee, to the Provincial Aboriginal Advisory Committee and to the Board of the *Conseil communauté en santé du Manitoba inc.*

Board meetings are normally held on the fourth Wednesday of the month throughout Central Region and they continue to be open to the public. Agendas and minutes of the meetings are published on the RHA Central website.

In performing its job, the Board:

- Provides accountability for activities of the RHA Central to the residents of the Region and ensures that the organization is in compliance with the laws, rules and regulations that govern it.
- Develops written governing policies.
- Assures Chief Executive Officer performance is achieving anticipated results through monitoring.
- Develops statements of principles and positions related to public policy which represent the health interests of RHA Central's residents.

In 2009/10, eleven Board Members oversaw the direction and management of the RHA Central establishing overall strategic direction for the organization in addition to reviewing the annual Health Plan and ensuring alignment of initiatives to Board ENDs.

We acknowledge with thanks the Directors who left the Board this year. In his six years as member of the Board, Roger Kirouac brought enthusiasm and energy into the Board's deliberations. Serving one term on the Board, Robert Jones also assumed the Chair in 2009/10. His keen business perspective guided fiscal planning and decision-making and his strong leadership skills served the Region well as he led the Board through a challenging year.

Board Performance

Expected and actual results in 2009/10

A Renewed Board Self-assessment Process

- To improve the quality of its governance performance and leadership skills, the Board developed an annual comprehensive self-assessment questionnaire. The tool was first used in 2009 and, from the results of the survey, the Board is creating a leadership development plan.
- The Board continues to monitor itself against its own governance policies at each Board meeting and every meeting is also assessed by the participants and reported back at the following meeting.
- The Board reviewed its Accreditation Canada report on governance and worked on a development plan.

Continued Investment in the Development of its Ability and Capacity to Govern

- Attendance at provincial and regional orientations by new Board Members.
- Attendance at Board approved national, provincial and regional conferences and forums. Conference attendees provided written and verbal reports of the various sessions attended.
  - Central Region's Healthy Communities Conference, April, 2009, in Gladstone
  - 2009 National Healthcare Leadership Conference
  - 2009 Manitoba Institute for Patient Safety (MIPS) sessions
  - 2009 CCHSE Provincial Health Leadership Forum

- Rural and Northern Health Care Day
- Organizing and attending Board education and workshop events.
  - A Governance Dashboard monitoring and reporting workshop.
  - A Board visioning workshop.
  - A presentation on the Personal Health Information Act (PHIA).
  - Patient Safety Halifax 8 webcast sessions
  - Canadian Patient Safety Institute pilot leadership session on "Leadership From the Top" with a focus on quality and patient safety and the Board's responsibility.
  - A presentation on Aboriginal Health Initiative - Recruitment and Retention
  - Manitoba Patient Access Network Innovations Conference
  - A presentation from Capital Planning, Manitoba Health regarding leasing and selling land.
  - Pandemic Planning Exercise
  - A presentation on Chronic disease Prevention Initiative (CDPI) in Central Region
  - A presentation on Safety Learning Summaries
  - A presentation by Legal Council
  - A presentation by the MIPS-Carman Patient Advocacy Committee.

Implementation of a Governance Dashboard

- The Governance Dashboard, a tool to assist the Board in its monitoring of progress in achievement against each of its Board ENDs and Strategic Priorities and to demonstrate compliance with Executive Limitations including risk management activities, was piloted in 2009/10. Designed to provide an 'at a glance' summary position, the Governance Dashboard reports a number of identified indicators and performance measures against targets/benchmarks and/or standards. The report is supported by a 'Performance Measure Information Sheet' which identifies for each target the issues faced in meeting that target. The Dashboard emanates from and translates the Board ENDs and strategic priorities into action-specific, quantifiable information applicable throughout the organization, encouraging a focus on managing outcomes.

Development and Implementation of an Updated CEO Performance Appraisal

- A comprehensive tool for CEO self-assessment and Board CEO Appraisal was developed in 2009 and implemented in the spring of 2010.

Development of a Risk Management Policy Framework for the Board

- In support of its Policy Governance Model, the Board integrated and modified Board Executive Limitation Policies under an over arching Global Executive Limitation and Risk Management Policy. The monitoring of risk is embedded into each Executive Limitation Policy and each policy is linked to strategic priorities. All policies were revised accordingly in 2009/10.

A Continued Focus on Strategic Planning and Affirmation of Board ENDs

- Board work is continually oriented to strategic thinking and planning. In the Community Health Assessment work in the past two years, the Board took the opportunity of pro-actively reviewing its Board ENDs and realigning them to the observed needs of the community and the organization. This was completed in 2009/10. Board ENDs and Strategic Priorities are described in the Annual Report (see pp 17-53).
- Although the Board of Directors is currently active with various community engagement activities, it has planned a process to include a focused Community Engagement element to the five-year Strategic Health Plan 2011-2016 as well as a specific emphasis on "A sustainable, safe and integrated client-centred health care system".

Community Engagement

Community Engagement and Partnership is at the core of our governance approach, and the Board appointed it as a specific Strategic Priority as well as a standard Board agenda topic. The expected and actual results in 2009/10 for Board initiatives were:

Completion of a Report on the Comprehensive Community Health Assessment

- The Board endorsed the initial key theme findings of the comprehensive Community Health Assessment project.
- The Board held a visioning workshop and developed priority outcomes for consideration in the strategic plan.
- The Board received and accepted the completed report on the comprehensive Community Health Assessment.

Continued Meetings with Communities of Interest

The Board met and dialogued with the following communities in 2009/10:

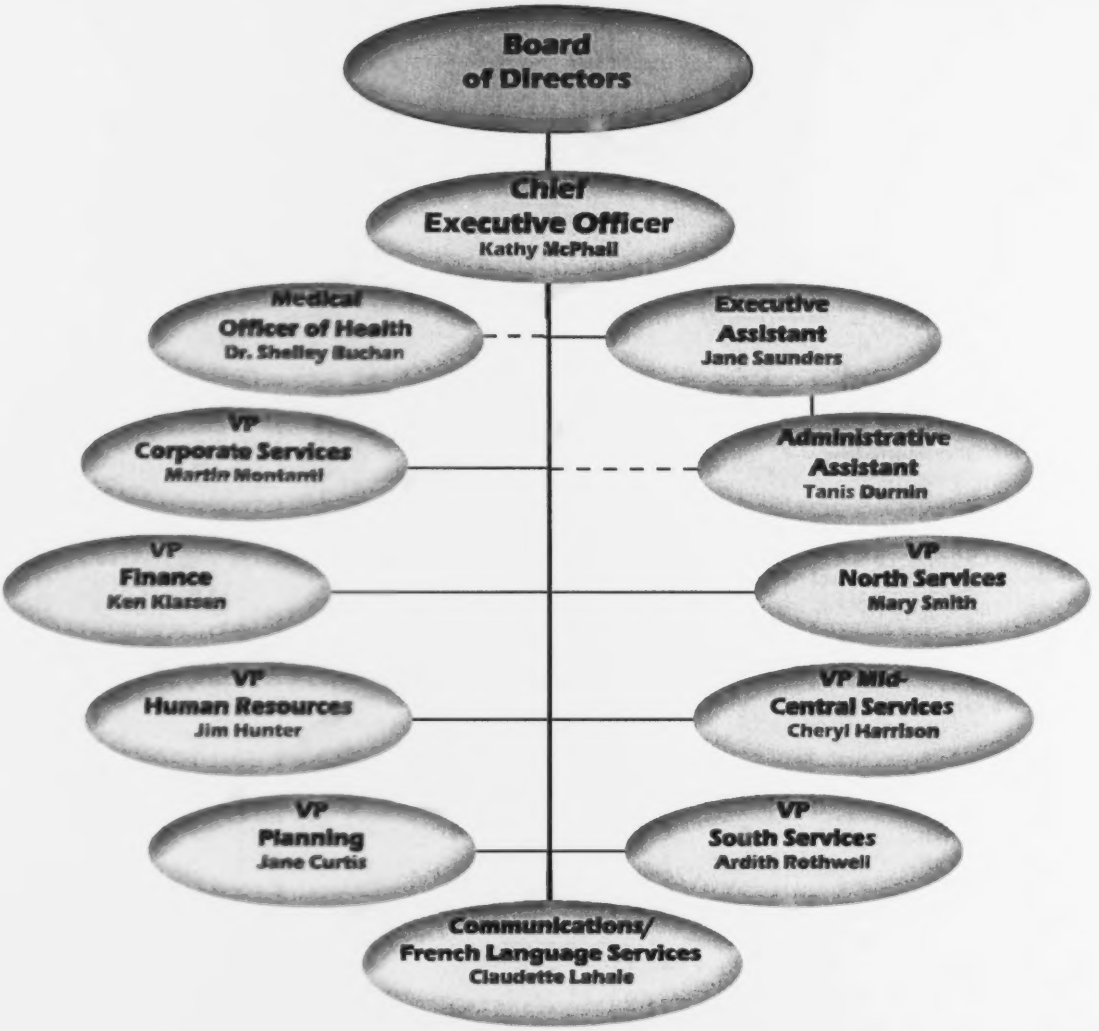
- Members of the Roseau River First Nation Health Team and Dakota Ojibway Health Services shared stories of the community's journey and its goals/vision for the future, and heard of the various home care and associated health care services provided by the team of Ginew Wellness Centre and the strengthening of partnerships with organizations such as the Dakota Ojibway Health Services, RHA Central and the Morris Medical Clinic.
- Representatives from the Carman Healthy Communities Committee provided the historical background to the Healthy Communities Committee project. They shared proudly of the strong network of local government, businesses and organizations in Carman and RM of Dufferin, meeting together and working in collaboration to address community challenges.
- Representatives from the MacGregor/Austin Healthy Communities Committee provided insight into how the communities began working together back in 1990 and shared some of their many successes achieved both prior to and following the committee being formalized during 1998.
- The RHA Annual Public Meeting was held in Gladstone with the theme, "It's Safe to Ask... Building a Culture of Safety." Nearly 60 people attended in October 2009 and participated in round table dialogue inspired by the theme introduced by the Carman Patient Advocacy Committee members.
- Two Board members attended the South Eastman Health Annual Public Meeting and Interlake RHA Annual Public Meeting.
- As well, in lieu of Advisory Councils, ongoing community stakeholder meetings create meaningful opportunities for the community to engage in dialogue with RHA Central. This dialogue assists in gaining an understanding of community values, needs and concerns and promotes collaborative development of policies, programs and services that are responsive to the community.

Gladstone Seniors, recipients of the RHA Central's inaugural Volunteer Representative Recognition Award

Initiation of a Volunteer Representative Recognition

- The RHA Central Volunteer Representative Recognition Award to honour all Central Region volunteers and/or volunteer agencies/group which have contributed to achieving the overall purpose of RHA Central in assisting people to become "as healthy as they can be" was created and presented at the 2009 RHA Central Annual Public Meeting. The Gladstone Seniors inc. were the first recipients of the award (pictured above).

Organization & Advisory
Structure



In the 2009/10 fiscal year, we continued meeting the management needs of program and services with consideration of client need, human resources and fiscal responsibility. With two management vacancies each in the communities of Emerson and MacGregor, a new model was created. Maintaining the core principle of stakeholder and community engagement through the community-based leadership model provided by our Directors of Health Services, this position has responsibility for oversight of several communities.

In addition to this, with the retirement of the Regional Coordinator of Physical Resources & Environmental Services/Director of Support Services-Portage, the roles and responsibilities of the position were consolidated into a Regional Director of Support Services position, resulting in a reduction of one position within the region's corporate services sector.

The RHA Central website depicts our management structure, provides contact information for our Senior Leadership Team, as well as contact information by community. As well, there are four contract health corporations: Prairie View Lodge/ Rock Lake Health District & Personal Care Home, Tabor Home Inc., Salem Home Inc. and Eden Health Care Services/Eden Mental Health Centre.

Health & Support **Services**

SOUTH		***Contract Health Corporations***	
	Crystal City/ Pilot Mound	*Prairie View Lodge*	Ginger Collins
		Rock Lake Health District Hospital & Personal Care Home	
	Morden	*Tabor Home Inc.*	Sherry Hildebrand
	Winkler	*Salem Home Inc.*	Sherry Janzen
		Eden Health Care Services	James Friese
		Eden Mental Health Centre	Les Zacharias
	Altona	Director of Health Services - Altona	Edith Calder
		Altona Community Memorial Health Centre	
	Manitou	Director of Health Services - Manitou	Linda Pearce
		Pembina Manitou Health Centre	
	Morden/Winkler	Director of Health Services - BTHC	Linda Buhr
		Director of Support Services - BTHC	Kristy Radke
		Boundary Trails Health Centre	
NORTH	Gladstone	Director of Health Services - Gladstone	JoAnn Egilson
		Seven Regions Health Centre	
	MacGregor	Director of Health Services - MacGregor	Sharon Stewart
		MacGregor Health Centre	
	Portage	Director of Health Services - Portage	Pat Nodrick
		Director of Support Services - Portage	Terry Hills
		Portage District General Hospital	
		Director of Health Services - Portage Seniors	Marianne Woods
		Douglas Campbell Lodge	
		Lions Prairie Manor	
MID-CENTRAL	Carman	Director of Health Services - Carman	Mary Heard
		Carman Memorial Hospital	
		Boyne Valley Lodge	
	Emerson	Director of Health Services - Emerson	Paulette Goossen/Brad Street
		Emerson Health Centre	
	Morris	Director of Health Services - Morris	Brad Street
		Morris General Hospital	
		Red River Valley Lodge	
	Notre Dame	Director of Health Services - Notre Dame	Joyce Kristjansson
		Foyer Notre Dame	
		Notre Dame Hospital	
	Rosenort	Director of Health Services - Rosenort	Brad Street
		Rosenort Community Health Centre	
	St. Claude	Director of Health Services - St. Claude	Mona Spencer
		St. Claude Health Centre (Hospital/Pavilion)	
	Swan Lake	Director of Health Services - Swan Lake	Kristal McKitrick-Bazin
		Lorne Memorial Hospital	

2009/10
Regional Medical Advisory
Committee

The Chiefs of Staff from each medical group meet together regularly to monitor reports and to provide direction about medical practice issues, including standards, pharmacy and therapeutics, diagnostics, medical staff by-laws or reviewing credentials and recommending privileges to the Board.

Dr. Denis Fortier, Chair
Dr. Eva Berman-Wong
Dr. Riaan Bester
Dr. Harold Booy
Dr. Shelley Buchan
Dr. Michael Dyck
Dr. David Kinnear
Dr. Ken Kliewer
Dr. Robert Kruk
Dr. Ockie Persson
Donna Harasymec, Board Medical Liaison
Kathy McPhail, Chief Executive Officer

As of March 31, 2010, there were 120 physicians of which 70 are Family Physicians and the remainder are broken down into 14 sub-specialities such as but not limited to GP Anaesthesia, General Surgery, Orthopaedic Surgery, Gynaecology, Radiology, Psychiatry, Ear/Nose/Throat, Ophthalmology and Paediatrics. Out of the 120 physicians, there were 9 new arrivals and 5 departures. Hospital privileges are also granted to dentists and midwives.

2009/10
Regional Programs

Aboriginal Health - Doretta Harris
Acute Care - Eileen Vodden
Corporate Communications - Lorraine Grenier
Diagnostic Services of Manitoba - Mark Anderson
Disaster Management - Larry Skoglund
Electronic Health Records - Shelley Barnes
Emergency Medical Services - Corene Debreuil
Finance - Ryan Green
French Language Services - Lorraine Grenier
Health Information/Privacy & Access - Susan Enns
Human Resources
- **Aboriginal Employment** - Holly Loest
- **Labor Relations** - Angelique Cusson
- **Payroll** - Sheldon Hildebrand
- **Recruitment & Retention** - Jolene Doell
- **Staff Development/Infection Prevention & Control** - Kim Dyck
- **Workplace Health & Safety** - Cindy Joel-Bev Boyd/Sandra Aerssens

Information Technology - Shaun Twist
Mental Health - Ken Kroeker
Palliative Care - Paulette Goossen
Patient Safety - Shirley Guenther
Pharmacy - Shawn Bugden
Public Health/Healthy Living
- **Regional Director of Public Health** - Stephanie Verhoeven
- **Manager Public Health** - Grace Klassen
- **Healthy Living** - Jennifer Baker
- **Midwifery** - Stephanie Verhoeven
- **Nutrition/Diabetes** - Chantelle D'Andrematteo
- **Obstetrics** - Stephanie Verhoeven

Quality Improvement/Risk Management - Kristine Hannah
Rehabilitation - Sheila Hay/Debbie Iverson
Seniors' Health - Jan-Marie Graham/Paulette Goossen
Food Services - Lori McFarland
Physical Resources/Environmental Services - Terry Hills

Programs & **Services**

In collaboration with the community and partners, the RHA Central endeavours to provide access to appropriate services in the appropriate setting as demonstrated by the many programs and services delivered in Central Region. We strive to deliver a seamless continuum of care that supports our clients at every stage of their lives.

Community-Based Services

Communications/Media Relations
- personal health information access

Dietitian Services

Disaster Management

Emergency Medical Services (Ambulance)

Healthy Living
- Healthy Living Together program
- Regional Diabetes Program
- Get Better Together

Home Care Services
- personal care at home
- adult day programs
- respite care
- handivan services
- Meals on Wheels
- home equipment loan
- personal care home assessments and applications
- Services to Seniors - congregate meal programs
- Supports for Seniors in Group Living

Mental Health
- adult counselling services
- adult inpatient psychiatric treatment (Eden Mental Health Centre)
- out-patient psychiatry services
- child & adolescent services
- mental health crisis team services
- safehouse
- employment support services
- housing support services
- intensive case management services
- self help services (MB Schizophrenia Society, Canadian Mental Health Assoc., Anxiety Disorders Assoc., Mood Disorders Assoc.)
- seniors mental health services

Midwifery

Nurse Practitioners

Palliative Care

Patient Safety Services

Pharmacy

Physician Services
- family physicians
- physician specialists
- Medical Officer of Health

Public Health Services
- public health nursing services
  - communicable disease prevention & control
  - immunizations/child health clinic
  - postpartum & breastfeeding support
  - prenatal education
  - reproductive health
  - school health
  - travel health/occupational health
- Families First home visiting program
- Healthy Baby services (Growing with Mom)
- Teen Clinic

Rehabilitation
- audiology
- occupational therapy
- physiotherapy
- speech language therapy

Support Services

Facility-Based Services

Acute Care
- emergency and intensive care
- medical care
- obstetrical care
- surgery
- transitional care (for clients who are waiting for placement in a long term care facility)

Ambulatory Care
- chemotherapy
- dialysis (hemodialysis)
- child development clinic
- ostomy clinic

Lab & Imaging Services
- breast screening
- mammography
- computed tomography (CT Scans)
- electrocardiogram (ECG)
- magnetic resonance imaging (MRI)
- ultrasound
- x-ray
- laboratory

Long Term Care Services - Personal Care Homes

Contract Health Corporations

Eden Health Care Services
Eden Mental Health Centre
Prairie View Lodge
Rock Lake Health District Hospital
Rock Lake Health District Personal Care Home
Salem Home Inc.
Tabor Home Inc.

For information on how to access these or other programs and services available in Central Region, visit: www.rha-centraLmb.ca or speak with your local physician or public health nurse.

Year in **Review**

Manitoba Health Vision and Goals

- **"Healthy Manitobans through an appropriate balance of prevention and care"**
- **Optimize the health status of all Manitobans through prevention and health promotion**
- **Improve quality, accessibility and accountability of the health system**
- **Achieve a sustainable health system.**

In the context of Manitoba Health's vision and goals, the RHA Central has an ongoing commitment to its statement of purpose "The Regional Health Authority – Central Manitoba Inc. exists so that people in our Region are as healthy as they can be at a reasonable cost to the community".

To guide our efforts towards its achievement, four Board ENDs and Strategic Priorities prescribe organizational achievement:

- **Healthy Individuals and a Healthy Environment**
- **A Healthy, Responsive and Innovative Organization**
- **Access to the Most Appropriate Care in the Most Appropriate Setting**
- **A Sustainable, Safe and Integrated Client-centred Health Care System.**

Board End: Healthy individuals and a **healthy environment**

Strategic Priorities

1. Reduce incidences of health risk factors preventable illness, death and injury
2. Awareness and demonstration of healthy lifestyle behaviours
3. Individuals independent and active as long as possible
4. A supportive network within the community
5. Individuals supported in their care-giving roles

Performance Results

What does health in Central Region look like? The portrait of our community's overall health is indeed complex in its detail. Our challenge lies in connecting the dots to see the emerging patterns. In 2009/10, a comprehensive Community Health Assessment report was completed to assist in answering the question: are we "healthy as can be?" The health assessment is a key component of our ongoing commitment to evidence informed decision-making and progress review.

To begin with, the majority of people in Central Region rate their health as good or excellent and, over the years, this optimistic outlook has steadily improved.

Table 01 Life satisfaction, "satisfied" or "very satisfied", 2003-2008

	2003	2005	2007	2008
Central	93.9%	94.6%	95.4%	94.8%
Manitoba	92.4%	91.8%	92.6%	91.6%
Canada	91.3%	91.8%	91.9%	91.4%
Peer Group D*	92.6%	93.0%	93.9%	94.0%

Source: Statistics Canada, Canadian Community Health Survey, 2003, 2005, 2007, 2008.
**Peer Group D has been included for comparison. In addition to Manitoba and the other provincial regions. In this way, we can compare our data to our own province and provincial RHAs (that are in the province, but are very different from our own), as well as, other regions across Canada that are not in our province but are more similar to our region.*

Health and Life Satisfaction

- 63.4% of RHA Central residents and 54.1% of Manitobans living off-reserve self rate their physical health as "very good" or "excellent".
- 71.9% of RHA Central residents and 71.5% of Manitobans living off-reserve self rate their mental health as "very good" or "excellent".
- 94.8% of RHA Central residents and 91.6% of Manitobans living off-reserve indicate that they are "satisfied" or "very satisfied" with life.

Changes in Life Satisfaction

- **Table 01** shows changes in the rates of self-reported life satisfaction ("satisfied" and "very satisfied" combined). These data show that although there has been some variation in reporting for our region, in general, about 95% of residents are satisfied or very satisfied with their lives. Our rates have consistently been higher than the provincial and Canadian rates and similar to (or higher than) rates in our peer group.

Healthy Lifestyle

- 19.4% of RHA Central residents are "physically active" compared to 24.0% of Manitobans.
- 25.0% of RHA Central residents smoke "daily" or "occasionally" compared to 24.2% of Manitobans.
- 55.1% of RHA Central youth are "physically" or "moderately" active compared to 68.0% of Manitoba youth.
- 16.4% of RHA Central youth are "overweight" and 4.3% are "obese" compared to 17.1% of Manitoba youth who are "overweight" and 6.6% of Manitoba youth who are "obese".

Changes in Physical Activity

- Within Central Region, rates of residents who are moderately or physically active had been higher among males than females in 2003 and 2005. However, this has changed in the two most recent cycles of Canadian Community Health Survey and rates of physical activity are now higher among RHA Central females than males (48% of females in 2008 compared to 42.2% of males). Although there has been improvement among females in rates of physical activity, rates remain below those of Manitoba overall for both genders (see **Table 02**).

Table 02 **Changes in physical activity rates by gender, 2003-2008**

			2003	2005	2007	2008
Manitoba	All	Moderately or Physically Active	51.3%	48.5%	53.0%	52.8%
		Inactive	48.7%	51.5%	47.0%	47.2%
	Males	Moderately or Physically Active	54.8%	51.4%	54.5%	53.9%
		Inactive	45.2%	48.6%	45.5%	46.1%
	Females	Moderately or Physically Active	47.9%	45.8%	51.6%	51.7%
		Inactive	52.1%	54.2%	48.4%	48.3%
Central	All	Moderately or Physically Active	45.2%	40.5%	43.0%	45.1%
		Inactive	54.8%	59.5%	57.0%	54.9%
	Males	Moderately or Physically Active	46.9%	45.2%	41.9%	42.2%
		Inactive	53.1%	54.8%	58.1%	57.8%
	Females	Moderately or Physically Active	43.4%	35.8%	44.1%	48.0%
		Inactive	56.6%	64.2%	55.9%	52.0%

Source: ***Statistics Canada, Canadian Community Health Survey, 2003, 2005, 2007, 2008.***

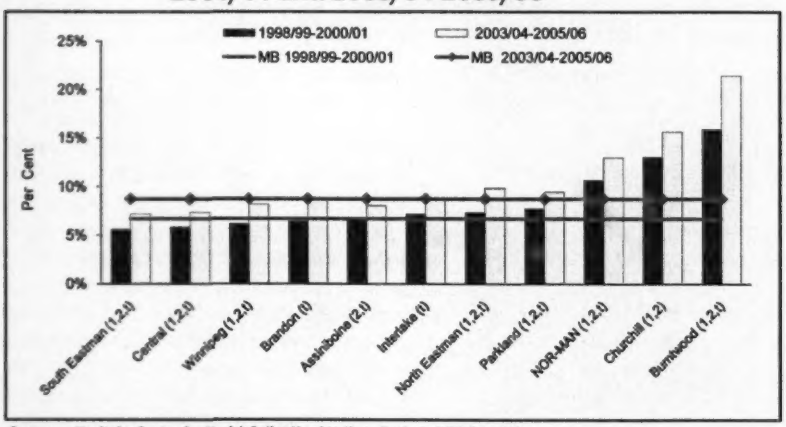
Performance Results

- 7.3% of RHA Central adults are living with diabetes compared to 8.7% of Manitobans.
- 22.5% of RHA Central adults are living with high blood pressure compared to 23.7% of Manitobans.
- 10.7% of RHA Central adults are living with osteoporosis compared to 12.7% of Manitobans.
- 17.1% of RHA Central residents are living with arthritis compared to 17.5% of Manitobans.
- 20.3% of RHA Central residents have been treated for a mental health disorder compared to 24.4% of Manitobans.

Changes and Highlights in Diabetes

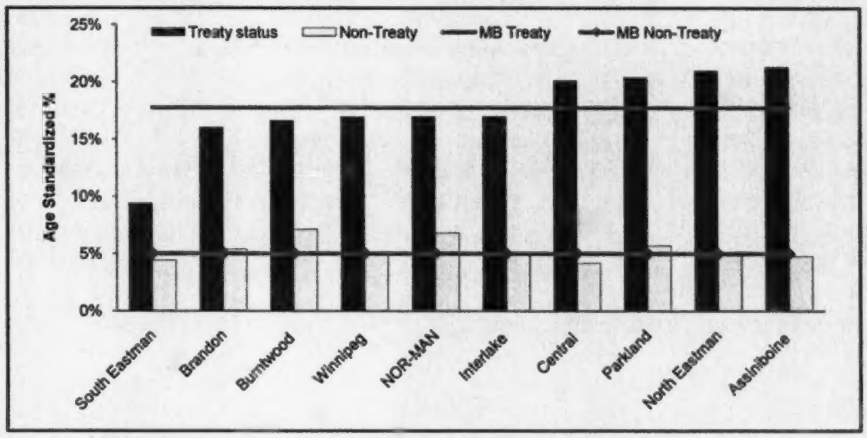
- The diabetes rate in Central Region increased from 5.9% to 7.3% of adults between 1998/99-2000/01 and 2003/04-2005/06 but remains lower than the Manitoba average of 8.7% in 2003/04-2005/06 (see **Figure 01**).
- **Figure 02** illustrates the very large difference in diabetes prevalence rates between Aboriginal and non-Aboriginal Manitobans. Overall, in Manitoba, 17.8% of residents with Treaty status were living with diabetes compared to just 5% of non-Treaty Manitobans. Within Central Region, the difference is even larger at 20.2% of Treaty status residents living with diabetes compared to just 4.2% of non-Treaty residents.

Figure 01 **Diabetes prevalence rates by region, 1998/99-2000/01 and 2003/04-2005/06**



Source: *Manitoba Centre for Health Policy Need to Know Project, 2009 Data Atlas.*
NOTE: *Churchill rates should be interpreted with caution due to small numbers.*
'1' indicates area's rate was statistically different from Manitoba average in first time period.
'2' indicates area's rate was statistically different from Manitoba average in second time period.
't' indicates change over time was statistically significant for that area.

Figure 02 **Diabetes prevalence rates by treaty and non-treaty status, 2005/06**

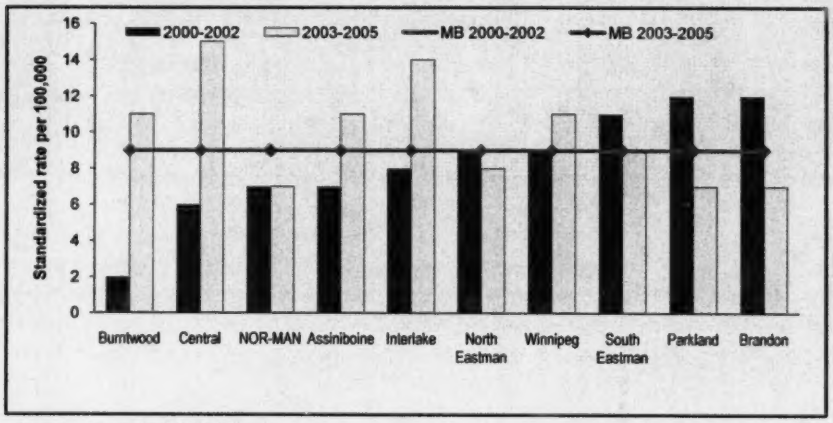


Source: *Manitoba Centre for Health Policy Need to Know Project, 2009 Data Atlas.*
NOTE: *Churchill rates should be interpreted with caution due to small numbers.*

Cancer

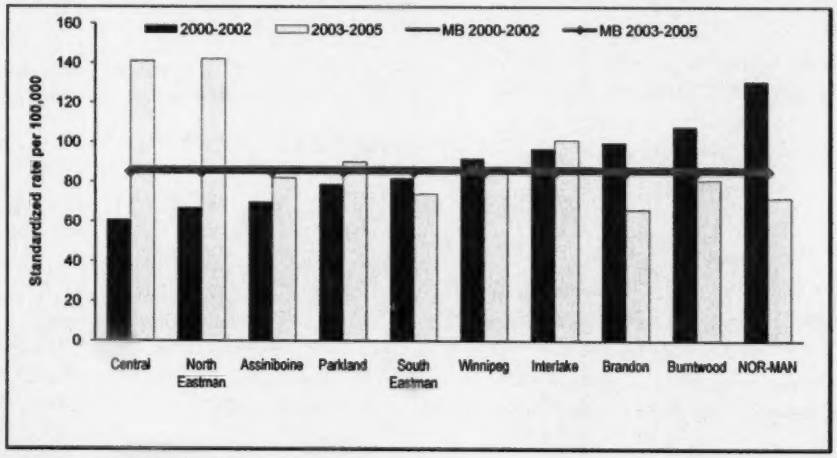
- 59% of RHA Central women and 57% of men will survive at least five years after being diagnosed with cancer (compared to 59% of Manitoba women and 58% of Manitoba men).
- The rate of new cancers in RHA Central women is 461.8 new cases per 100,000 residents (compared to 427.1 per 100,000 Manitoba women).
- The rate of new cancers in RHA Central men is 515.2 new cases per 100,000 residents (compared to 527.4 per 100,000 Manitoba men).
- The rate of new cases of cervical cancer among RHA Central women is 15.0 per 100,000 which is higher than the provincial rate of 9.0 per 100,000.
- The rate of new cases of lung cancer among RHA Central men is 141.0 per 100,000 which is higher than the provincial rate of 85.0 per 100,000.
- Lung cancer among RHA Central females is lower than the provincial rate (63.0 per 100,000) at 42.0 per 100,000.

Figure 03 **Cervical cancer incidence by region, 2000/02 and 2003/05**



Source: *CancerCare Manitoba*
NOTE: *Data for Churchill not available.*

Figure 04 **Male lung cancer incidence by region, 2000/02 and 2003/05**



Source: *CancerCare Manitoba.*
Note: *Data for Churchill not available.*

Changes and Highlights in Cancer Incidence

- The cervical cancer incidence rate in Central increased from 6.0 to 15.0 per 100,000 between 2000/02 and 2003/05 and is much higher than the Manitoba average of 9.0 in 2003-2005.
- Central Region had the highest cervical cancer incidence rate among all Manitoba RHAs in 2003-2005 (see **Figure 03**). We are hopeful that this is reflective of better screening which would mean that we are identifying cases at the earliest possible stage where they are most amenable to treatment. We will continue to monitor these data.
- The male lung cancer incidence rate in Central increased from 61.0 to 141.0 new cases per 100,000 residents between 2000/02 and 2003/05. This most recent rate is much higher than the Manitoba average of 85.0 in 2003-2005 (see **Figure 04**).

Healthy Environment

- 5.9% of non-smoking RHA Central residents and 7% of Manitobans are exposed to second-hand smoke (SHS) in their homes.

Changes in Exposure to Second-hand Smoke (SHS)

- Within the region, due to small numbers, data for residents age 12 to 19 were suppressed for 2007 and 2008 (**see Table 03**). Even rates for the combined years of 2007 and 2008 were considered too unreliable to be published. However, it is evident from older data in 2003 and 2005 that both within Central Region and in Manitoba overall, rates of exposure to SHS are much higher among children and youth than among the general population. For example, in the two years for which regional level data are available, exposure to SHS among non-smoking youth is about double the rate that we see among non-smoking adults.

Table 03 Changes in rates of exposure to SHS, Manitoba and RHA Central, 2003-2008

	2003	2005	2007	2008
Manitoba	10.7%	8.6%	8.9%	7.0%
Manitoba 12-19 year old only	22.9%	20%	16.5%	19.3%
RHA Central	8.0%	7.2%	Suppressed	5.9%
RHA Central 12-19 year old only	15.9%	16.8%	Suppressed	Suppressed

Source: Statistics Canada, Canadian Community Health Survey, 2003, 2005, 2007, 2008.

2009/10 Expected and Actual Results

Creating an injury prevention strategy and program based on evidence and in partnership with stakeholders

Initiated an Elder Abuse Resource Guide for Aboriginal communities.

Fall Prevention Home Safety Check was piloted in Pilot Mound/Crystal City.

Continued presentations on School Farm Safety and Farm Safety Awareness in school divisions and in communities and workshops regarding Manitoba farmers with disabilities and Workplace Health and Safety focusing on lung health.

Distributed farm safety newsletters with free hearing protection to communities in RHA Central targeting farmers who gather for coffee.

In partnership with Age & Opportunity, a Safety Aid Program was implemented in Portage la Prairie and Gladstone.

With the implementation of an Integrated Personal Care Home Falls Management Program in 14 of the personal care homes in 2007, each year the RHA Central monitors the average number of critical incidents related to fall rates in personal care homes.

A Youth Suicide Prevention Committee was established.

Continued to deliver regular Applied Suicide Intervention Skills Training (ASIST) throughout the region and SAFETALK sessions were delivered upon request.

Self-help groups continue to make significant effort to promote mental health and mental illness weeks across the region as well as providing other educational information across the region.

Continued work with schools and target populations on injury prevention projects.

Developing a comprehensive Healthy Women's Program

Sixteen sites engaged in the Cancer Care PAP clinic days in October 2009. A variety of medical clinics, public health offices, the Portage Collegiate Institute (PCI) teen clinic, and First Nations were among the participating sites.

The Mobile Breast Screening Program visited nine sites in Central Region in 2009/10. There is an additional fixed site at Boundary Trails Health Centre that serves the Morden and Winkler area.

Regional Breast Screening Rate

2007-09 57%
(5,860 of 10,296 eligible women)

2005-07 58%
(55,850 of 9,637 eligible women)

Rates of women screened has declined by 1%, despite the fact the program is screening more women and has increased the number of appointments available each of the past two years. This is due to population growth and to the fact that there is no longer an upper-age restriction for participating in the program.

By adapting the Vancouver/Richmond women's centered health framework, an evidence-based framework was implemented for use in programs/ planning and review/evaluation of existing programs that influence women's health in RHA Central.

In partnership with Manitoba Health and the Manitoba Status of Women, a community consultation was held in January 2009 to inform health planning in RHA Central.

Continuing health promotion and chronic disease prevention efforts.

Implemented in 2009/10, additional healthy living program facilitator positions actively worked with communities on healthy living grants or initiatives that promote principles of primary health care and community development. As well, work was sustained on the Healthy Smile, Happy Child resource training and awareness in RHA Central.

Healthy living classes were reviewed and revised to be current with best practice guidelines and inclusive of the Chronic Disease Self Management Model and expanded to sites throughout the Region.

Ten school nutrition newsletters were sent to 83 schools. Annual Nutrition Month promotion in March 2010 theme of "Celebrate Food...from field to table" captured local interest. A Farmer's Market was held at Boundary Trails Health Centre with 17 vendors attending and 200 public attending.

The Smokers' Helpline is now integrated into the assessment of each participant who interacts with Diabetes Care.

Healthy Living Team actively engaged in formalized arrangements with First Nations / Aboriginal communities/agencies and populations to address healthy living and chronic disease including: CDPI Grant with Sandy Bay First Nation, dietitian providing service once a month at Sandy Bay, dietitian providing support to clients from Swan Lake First Nation, support and training for Get Better Together in Sandy Bay First Nation and financial support for dietitian working in Aboriginal Diabetes Initiative at Portage Friendship Centre.

Expansion of Get Better Together volunteer leader training and community sessions continues throughout the region.

Physician Integrated Network (PIN) clinics meet regularly with the RHA Central to problem solve and work together to meet the needs of common patients in these sites.

Continued the partnership with Manitoba Tobacco Reduction Alliance (MANTRA) and the Portage Development Centre to implement Quit Happens workplace smoking cessation initiative.

Developed a Tobacco Continuum documenting work happening in primary and secondary tobacco prevention as well as cessation.

Stakeholder tables in various communities across the region are supported by the Directors of Health Services. Together, they collaboratively work in examining health issues in their communities and therefore assist in health system planning.

Additional funding was allocated to community dietitians and Diabetes Nurse Educator positions for health promotion and chronic disease prevention and regional diabetes services targeted high-risk population groups such as First Nation communities for collaborative service planning.

Practice in evidence-based nutrition handouts were made more accessible to all health care providers via the RHA intranet.

Continued collaborative planning with PIN dietitians (Winkler, Morden) to promote service integration for chronic disease prevention and management.

A Youth Suicide Prevention Committee was established and continued to deliver regular ASIST and SAFETALK training throughout the region. In collaboration with the Canadian Mental Health Association (CMHA), training was provided to staff to provide Mental Health First Aide to increase mental health literacy for health care providers.

Engaging in partnerships for risk factor surveillance (RFCA) data collection and sharing to inform community, school and health service planning

Collaborated with and supported schools, communities and other agencies in reviewing the Youth Health Survey report to facilitate community action plans.

Worked with schools such as Elie to connect with Students Working Against Tobacco where a SWAT team trained in February 2010. Using the Youth Health Survey data, the SWAT team tackled tobacco issues in the high schools.

Training for RFCA offered to multidisciplinary care teams being developed through the Physician Integrated Network (PIN) Pilot Projects in RHA Central- CW Wiebe Medical Clinic, Agassiz Medical Clinic and Altona Clinic.

Board End: Healthy responsive and **innovative organization**

Strategic Priorities

1. A healthy workplace in RHA Central
2. An appropriate and skilled workforce
3. Healthy Public Policy in RHA Central
4. Timely access to information

Performance Results

Of 1,244 staff (approximately one-third of staff in Central Region) responding to the Patient Safety and Worklife Culture survey for the 2009 Accreditation Canada Survey, 92 % were very satisfied or somewhat satisfied with their jobs.

The graduated return to work programs are getting employees back to full functioning in the workplace in an accelerated manner.

We are now starting to see the results of these initiatives:
Last quarter, 2008 - $51,238 (11 time loss workplace accidents)
Last quarter, 2009 - $43,684 (10 lost time workplace accidents)
Last quarter, 2010 - $13, 870 (2 lost time workplace accidents)

2009/10 Expected and Actual Results

Strengthening employee wellness and attendance management programs

Attendance Management programs have been developed and delivered throughout the region. Paid sick time is currently below provincial and national health care averages at 3.7% but our goal is to be in the top 25 percentile.

RHA Central's experience in 'Lost Time due to Workplace Accidents' has remained relatively constant for the past few years. WCB rates are among the lowest of the health regions in Manitoba, however, there is room for improvement.

Orientation relative to safe client handling and safer policies and practices continues. The organization wide Safe Client Handling and Injury Prevention Program (SCHIPP) was implemented. This included training in proper lifting techniques as well as purchase of additional equipment such as lifts and beds.

The RHA Central was also a successful applicant for a $200,000 Workers' Compensation Board (WCB) funded Community Initiatives grant. This included the hiring of an occupational therapist to work with the Home Care Program, specifically to identify hazard areas and train staff in safe lifting techniques in the home.

Continuing to support increased workforce knowledge and competency

At least two management development programs are offered annually and this has been expanded to front line managers and some front line staff with 44 staff attending in 2009/10.

Education services are provided across the region utilizing internal and external resources on an ongoing basis with 195 sessions offered regionally.

Building a workforce representative of Central Region's cultural diversity and a respectful workplace

RHA Central has an Aboriginal Human Resource Recruitment Strategy with a goal of increasing the representation of Aboriginal people in the workplace to 11.3% (360 Aboriginal people) which represents the number of Aboriginal people in the general population.

The RHA Central in partnership with the Assembly of Manitoba Chiefs held several meetings with various Aboriginal and Non-Aboriginal organizations to discuss a proposed Partnership Agreement to address the issue of Aboriginal health human resources and to stimulate greater collaboration between key stakeholders in the areas of education, training, employment and the RHA Central, subsequently signed in June 2010.

The 2009 inaugural Aboriginal Health High School Internship Program hosted 9 students in Phase I job shadowing, employed 4 students in Phase II employment and graduated its first four students in 2009.

- all students are still in school - two students made the honour role at Portage Collegiate Institute
- one student graduated and is attending post secondary at University of Winnipeg
- two students were offered casual employment with the RHA.

In its second endeavour, the program is hosting 10 students in Phase I job shadowing and 10 students in Phase II employment.

As well, career fairs/job fairs, workshops on Aboriginal Employment, marketing material for Aboriginal employment were created.

U of M Faculty of Medicine and RHA Central are working on an agreement to provide enhanced learning opportunities between clerkship students and residents within the Family Medicine Program. As part of the broader vision of distributed education in the province of Manitoba, the University and the region started discussions to develop Clinical Teaching Units at Boundary Trails Health Centre. It is anticipated this partnership will provide an innovative model for the provision of consistent teaching for students and residents, help to ensure capacity for the growing clerkship and residency programs, and provide better opportunities for faculty development and web-based education.

The Aboriginal Workforce Partnership Table was established working towards the signing of an agreement between 23 other partners such as the First Nation, Métis communities, local, provincial and federal governments, health sector employee unions and other stakeholders including Manitoba's education/training institutions. It is aimed at working together to support, prepare and develop the Aboriginal workforce and to increase the representation of Aboriginal people in all health care occupations within RHA Central. In addition to providing employment, the initiative will help to work towards providing a culturally enriched workplace.

Employment notices are sent to every Aboriginal community and organization along with employment agencies so that they can access the information and refer potential candidates, as well as access other networks.

Diversity awareness is part of Regional General Orientation for all new employees as well as a core competency in the revised Performance Appraisal program. In 2009/10, 614 staff attended respectful workplace education.

As of March 31, 2010, we had 125 aboriginal staff who have self-declared. This represents approximately 4% of the workforce, an improvement of 17 from the previous year. Aboriginal support workers and program coordinators were implemented as part of the Aboriginal Health Transition Fund pilot project.

RHA Central continues to work with the *Conseil communauté en santé du Manitoba inc.* to enhance French language training opportunities. In 2009/10, 10 participants benefitted from French Language Training Courses. Understanding the challenges related to geography in rural RHAs and the difficulty to take courses while working shift work, research was carried out to develop a new learning path to support distance education with self-learning-method options and a focus on measuring progress, with intent to implement in 2010/11.

Enhancing Recruitment and Retention Capacities

We have been fortunate in the recruitment of many new staff in the 2009/10 fiscal year. We welcome the nurses, physicians and staff who have come from around the globe to work in Central Region. We celebrate and welcome all staff, physicians and volunteers who have recently joined our organization. In particular, 32 Registered Nurses from the Philippines successfully passed College of Registered Nurses of Manitoba (CRNM) exams and made a smooth transition to their new life in Canada and to their work life in communities across Central Region.

Staff attending cultural diversity education sessions

2007/08	639 staff
2008/09	525 staff
2009/10	582 staff

RHA Central continued efforts in offering local training opportunities:

- Health Care Aide Challenge Course was offered through Robertson College.
- Two LPN Programs were made available in Winkler and in Portage la Prairie.
- One RN program was delivered locally in 2009/10.
- Five high schools in the Region now delivering program with "dual credit" HCA program with Red River College.
- Intermediate Care Paramedic Education has been rolled out to all stations. There are now paramedics capable of providing advanced life support based in all units in the region. Previously, this level was only provided in the ambulances based out of the two regional centres. Intermediate Care Paramedics can provide a higher level of care on scene and for the longer transports in rural EMS.
- All regional occupational therapists providing children's rehab services have been trained in the "Handwriting Without Tears" program and are discussing/developing phased-in implementation approach with school divisions and preschool programs.

A sustainable, secure and stable Information Technology infrastructure that will provide the foundation for the Electronic Health Record, administrative support applications, TeleHealth and information management systems

The Interim Admission/Discharge/Transfer (ADT) Version upgrade and regional roll-out project have been completed allowing RHA Central to participate in two provincial projects - Client Registry and the future Radiology Information System/Picture Archiving Communication System (RIS/PACS). It also formed the foundation for our future Electronic Health Record (EHR), which will provide one client record across the continuum. In addition, it provides an electronic bed registry for RHA Central for more timely access to information on the location of occupied/vacant.

Wide Area Network upgrades were completed in sites across the region as well as the replacement of 6 of the regions 50 data center servers and 17% the region's workstations. The upgrades allowed for a faster and more reliable link between the sites and the region's computer network.

The dictation system used at the regional centres was upgraded and expanded to include the remaining acute care sites, community mental health and Eden Mental Health Centre. Dictation is stored in a central database and transcription occurs throughout the region. When backlogs occur at a site, i.e. due to extended leaves, assistance is provided by other sites within the region to ensure a timely turnaround on dictated reports to meet standards for optimal care.

With the proclamation of the Personal Health Information Act (PHIA) Amendments, applicable PHIA policies were revised and education provided throughout the region. To ensure privacy awareness of new staff, a self-learning PHIA package was created for distribution by Payroll upon hire with additional PHIA education provided through Regional General Orientation.

To provide a foundation for a central repository for all statistical data, standardized definitions for acute care and long term care were developed and a regional Master Spreadsheet and Finance Template to enter data was created. Electronic linking of this data to applicable reports will eliminate duplicate data entry, provide more timely access to information, and enhance data integrity.

Phone systems in 28 locations across the region were replaced.

Clinic Advanced Access and Electronic Medical Records (EMR) Conversion Initiatives began with the implementation of Phase I (Patient Registration and Scheduling) in 2009 and Phase II (the actual EMR) in 2010. Both initiatives will increase efficiency and effectiveness of client care, as well as increase client and staff satisfaction. It is anticipated that anyone who calls for a same-day appointment will be able to get one.

Emergency Medical Services is standardizing equipment in all ambulance units and now has the same series of defibrillator/monitor; this will help our paramedics when working on multiple ambulances around the region. This equipment also enables the paramedics to provide region-wide Advanced Life Support Skills such as 12-lead cardiogram, external cardiac pacing and cardioversion on scene.

A new Telehealth site was installed in Gladstone expanding capacity in Central Region with seven sites.

A Home Care Current-state Validation project was completed to assist in defining and documenting the program requirements of the Provincial Rural Procura Scheduling System.

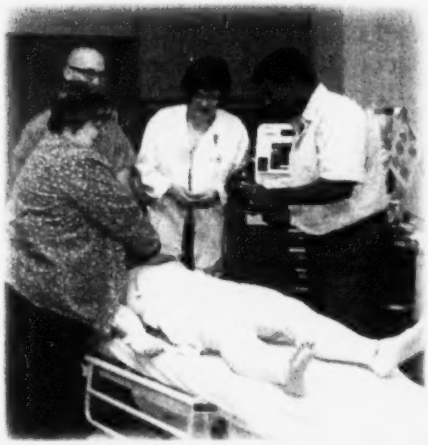
Average # of monthly visits to RHA Central Website

8,249 visits/month in 2009/10

5,050 visits/month in 2008/09

# of clinical MBTelehealth sessions in Central Region

2009/10	487
2008/09	55



Board End: Access to the most appropriate care **in the most appropriate setting**

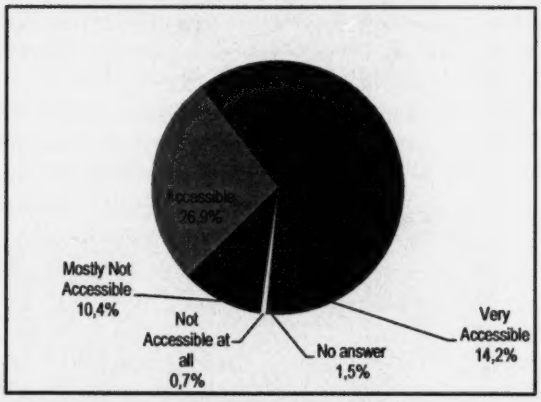
Strategic Priorities

1. Culturally sensitive health care in RHA Central
2. Timely and effective access to care
3. Collaboration across jurisdictions
4. Client satisfaction
5. Community engagement and partnership

Performance Results

To explore and obtain feedback on access to services, the RHA Central consulted with the community in the 2009 Community Health Assessment. Focus group participants were asked to rate their satisfaction on accessibility.

Figure 05 **Central Region residents, ranking of accessibility to services, 2009**



Source: RHA Central Community Health Assessment 2009.

Utilization patterns also offer important information on whether clients are being provided care in the appropriate setting and how timely and appropriate services are being provided.

Physician Access and Contacts

- 86.8% of Central Region residents indicate that they have a regular medical doctor compared to 83.1% of Manitobans.
- 75.1% of Central Region residents indicate that they have had contact with a medical doctor in the past twelve months compared to 78.3% of Manitobans. Administrative data show that this rate is even higher than the self-reported rate at 80.7% of Central Region residents and 82.6% of Manitobans.
- 67.3% of Central Region residents were able to see their family doctor or general practitioner (GP) within the district where they live compared to 82.0% of Manitobans. For residents seeing specialists, 11.5% were able to see a specialist within their district compared to 76.7% of Manitobans.

Changes in Self-Reported Access and Contact with Medical Doctor

- **Tables 03** and **04** show the self-reported rates of residents who have a medical doctor, and who have seen their doctor. For Central Region residents, there has been a slight increase, from 83.6 to 86.8% of residents who have a medical doctor.
- The rate of contact with a medical doctor, has also remained relatively stable with the 2008 rate of 75.1% being very similar to the 2003 rate of 74.9%.
- While more Central Region residents indicate that they have a medical doctor, compared to Manitobans or Canadians, they are slightly less likely to see that doctor - which may be a result of good health and less need to see the doctor or may be a sense of "hard to access".

Table 03 Residents who have a medical doctor (self-reported), 2003-2008

	2003	2005	2007	2008
Central	83.6%	84.2%	84.8%	86.8%
Manitoba	83.8%	84.0%	84.6%	83.1%
Canada	85.9%	85.7%	84.9%	84.4%

Source: Statistics Canada, Canadian Community Health Survey, 2003, 2005, 2007, 2008.
Note: Includes residents living off-reserve only.

High Profile Procedures

- The cataract surgery rate among RHA Central residents is 24.9 surgeries per 1,000 residents which is slightly lower than the provincial rate of 26.9 per 1,000.
- The hip replacement surgery rate among RHA Central residents is 2.3 surgeries per 1,000 residents which is similar to the provincial rate of 2.2 per 1,000.
- The knee replacement surgery rate among RHA Central residents is 2.7 surgeries per 1,000 residents which is similar to the provincial rate of 2.8 per 1,000.
- The cardiac catheterization rate among RHA Central residents is 6.0 per 1,000 residents which is similar to the provincial rate of 6.9 per 1,000.
- The MRI scan rate among RHA Central residents is 16.3 per 1,000 residents which is lower than the provincial rate of 22.0 per 1,000.
- The CT scan rate among RHA Central residents is 25.9 per 1,000 residents which is much lower than the provincial rate of 66.1 per 1,000.

Table 04 Self-reported contact with a medical doctor in the past 12 months, 2003-2008

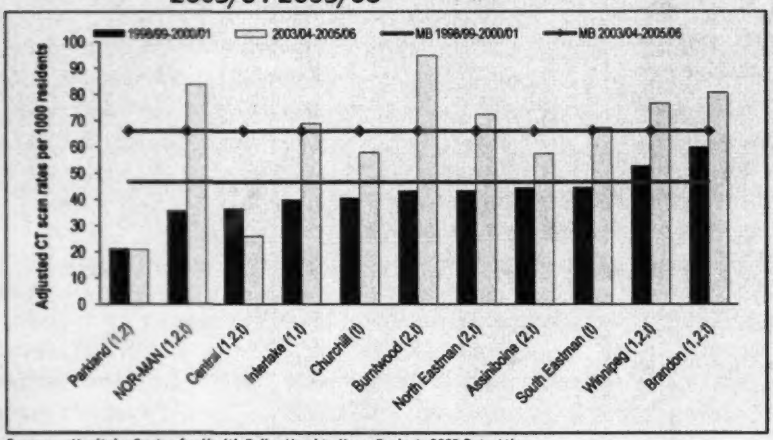
	2003	2005	2007	2008
Central	74.9%	77.8%	73.2%	75.1%
Manitoba	79.7%	80.9%	76.4%	78.3%
Canada	80.5%	80.7%	79.1%	79.5%

Source: Statistics Canada, Canadian Community Health Survey, 2003, 2005, 2007, 2008.
Note: Includes residents living off-reserve only.

Changes in CT Scan Rates

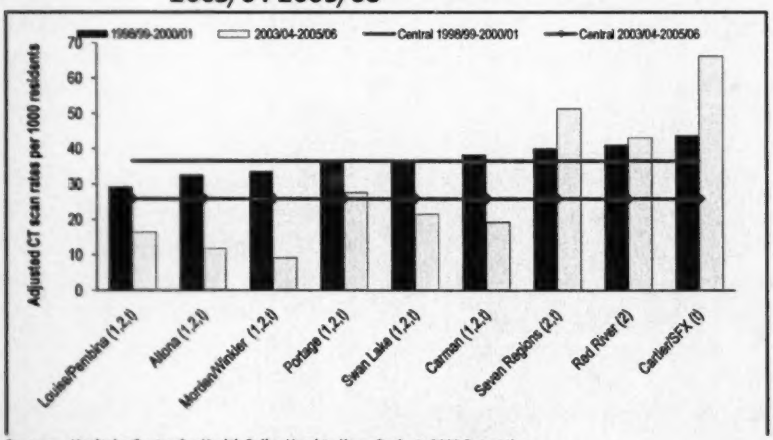
- CT scan rate for Central Region residents decreased from 36.5 to 25.9 per 1,000 residents between 1998/99-2000/01 and 2003/04-2005/06. Central Region rate is much lower than the Manitoba average of 66.1 per 1,000 in 2003/04-2005/06 (see **Figure 06**).
- The RHA Central was the only region in Manitoba to experience a statistically significant decrease in the CT scan rate over the two time periods. It is unclear whether this decrease was the result of lack of patient access or differences in physician practice.
- It is important to note that although our regional CT scan rate decreased significantly, there was considerable variation between districts as illustrated in **Figure 07**. In fact, CT scan rates for both Seven Regions and Cartier/Saint François Xavier residents increased significantly in this time period. CT equipment has been added in this area of the region.

Figure 06 CT Scan rates by region, 1998/99-2000/01 and 2003/04-2005/06



Source: Manitoba Centre for Health Policy Need to Know Project, 2009 Data Atlas.
NOTE: Churchill rates should be interpreted with caution due to small numbers.
'1' indicates area's rate was statistically different from Manitoba average in first time period.
'2' indicates area's rate was statistically different from Manitoba average in second time period.
't' indicates change over time was statistically significant for that area.

Figure 07 CT Scan rates by district, 1998/99-2000/01 and 2003/04-2005/06



Source: Manitoba Centre for Health Policy Need to Know Project, 2009 Data Atlas.
NOTE: '1' indicates area's rate was statistically different from Manitoba average in first time period.
'2' indicates area's rate was statistically different from Manitoba average in second time period.
't' indicates change over time was statistically significant for that area.

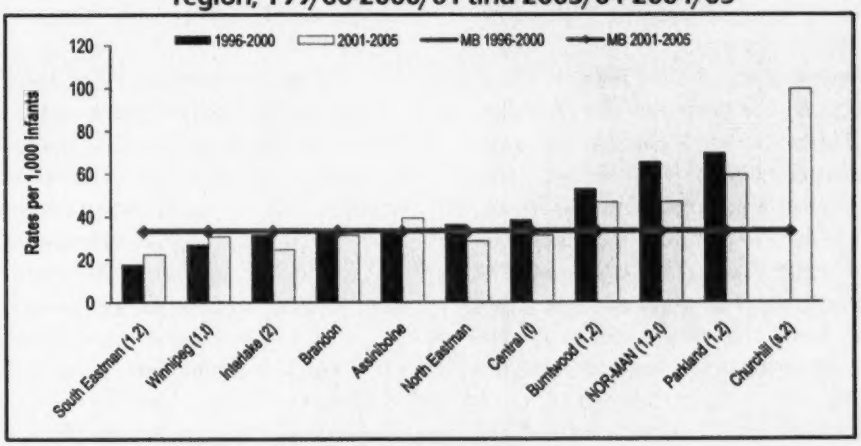
Home Care

- The rate of new home care cases is 1.2% of Central Region residents compared to 1.4% of Manitobans.
- The rate of open home care cases is 2.8% of Central Region residents compared to 3.2% of Manitobans.
- Central Region females who received home care, used 251.3 home care days per year which is higher than the Manitoba average of 215.7 days in 2003/04. RHA Central males used 222.4 days used per year, compared to the provincial average of 193.0 days.

Changes in Home Care

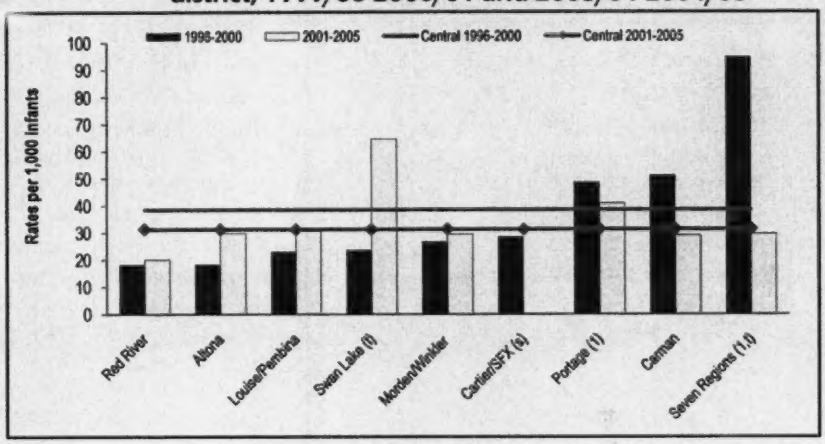
- Overall, the average length of home care cases among Central Region residents increased from 221.8 days to 248.7 days between 1999/00-2000/01 and 2003/04-2004/05. This is higher than the Manitoba average of 222.0 days in 2003/04-2004/05 (see **Figure 08**).
- Within our region, Morden/Winkler and Seven Regions had the lengthiest home care cases in the first time period but the length of cases increased in several districts and in the second time period residents of Carman and Portage had the longest cases on average at about 250 days (see **Figure 09**).

Figure 08 **Average Length (days) of home care case by region, 199/00-2000/01 and 2003/04-2004/05**



Source: Manitoba Centre for Health Policy Need to Know Project, 2009 Data Atlas.
NOTE: '1' indicates area's rate was statistically different from Manitoba average in first time period.
'2' indicates area's rate was statistically different from Manitoba average in second time period.

Figure 09 **Average Length (days) of Home Care case by district, 1999/00-2000/01 and 2003/04-2004/05**



Source: Manitoba Centre for Health Policy Need to Know Project, 2009 Data Atlas.

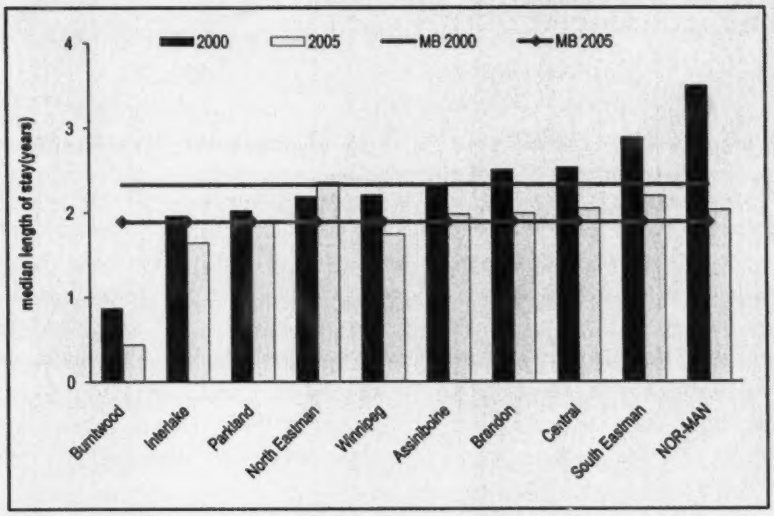
Personal Care Homes (PCH)

- The rate of new admissions to PCH is 2.7% of Central Region residents age 75 and older compared to 2.9% of Manitobans.
- Overall, 12.7% of Central Region residents age 75 and older live in a PCH (this is the same as the provincial rate).
- The median waiting time for admission to PCH is 13.1 weeks for Central Region residents compared to 6.9 weeks for Manitobans.
- Three quarters (74.6%) of Central Region PCH admissions are for care levels 3 and 4 compared to 56.4% of provincial admissions.

Changes in PCH length of stay

- Median length of stay by level of care in RHA Central decreased from 2.5 to 2.1 years between 2000 and 2005. However the length of stay remains slightly higher than the Manitoba average of 1.9 years in 2005 (see **Figure 10**).
- Generally people leave a PCH upon their death, and the regional decrease in length of stay reflects back to the fact that people are waiting longer and are more frail upon admission (an increasing number of people at levels 3 and 4).

Figure 10 Median length of stay by region 2000 and 2005



Source: *Manitoba Centre for Health Policy Need to Know Project, 2009 Data Atlas.*
NOTE: *Data for Churchill not available.*

RHA Central # people on current waiting lists for March, 2010:

Total Hip Replacement	4 months
Total Knee Replacement	4-5 months
Cataracts	4 months
Dental	4-5 months
General Surgeries	3-4 months
Colonoscopies	9 months (variable)
Ear, Nose & Throat	9-12 months

All are within the provincial guideline as an approved wait time. Dental surgery was moved from Boundary Trails Health Centre to Altona Health Centre. This was a new addition to the general surgery program at that site. Dental surgery is performed 2 to 3 times per month by a variety of dental surgeons, with anaesthesia support from Boundary Trails Health Centre.

There are eight acute care sites with emergency room departments.

RHA Central Emergency Room Volume Increase

2007-08	51,844
2008-09	68,530
2009-10	72,015

Table 05 Volume surgery by site

Site	2007/08	2008/09	2009/10
Altona	103	109	124
Carman	640	675	748
Portage la Prairie	1,878	1,950	2,383
Boundary Trails Health Centre	3,125	3,223	3,840
Total	5,146	5,957	7,095

Source: *RHA Central Manitoba Inc.*

2009/10 Expected and Actual Results

Health Services Contact Information
Finding contact information for program and service sites in Central Region can be accessed online at www.rha-central.mb.ca. or in the Manitoba Telephone directory.

Providing care in appropriate settings

In July of 2009, RHA Central introduced interim placement (care while waiting placement) at Boundary Trails Health Centre. This was put into practice to provide care in a suitable alternative location for clients waiting for openings in a personal care home location and to increase availability of regional site hospital beds. Since the implementation of this policy and time of this report's writing, 36 waiting placement clients have been transferred to alternate sites within the region. RHA Central continues to look at increasing capacity to support awaiting placement clients and enhancing programming relative to needs of clients. Similar practice has been implemented from the Portage District General Hospital, the region's other regional site.

The Portage Collegiate Institute Teen Clinic was nominated for the *Enid Thompson Award* for health care Innovation. This award recognizes an outstanding change that has had a positive effect on patient care in the publicly funded health care system.

EMS has implemented a System Status Management (SSM) policy for use of dynamic deployment and minimum threshold. This means that ambulance resources and supervisor vehicles' locations are monitored by both the on-call EMS Supervisor and Medical Transportation Coordination Centre (MTCC) so that, in the areas where there are system pressures and high volumes, units are moved closer to cover for primary call. It also identifies a minimum threshold of 10 ambulances needed to ensure 30-minute response to all areas 90% of the time. This enables us to manage requests for interfacility transfers while allowing for enough units to remain in-Region to cover primary response.

RHA Central EMS Station 14 is a result of the tremendous collaborative efforts by the region and various levels of government and RHA Central.

Improving Accessibility

In June 2009, Central Emergency Medical Services went live with Medical Transportation Coordination Centre (MTCC) for Interfacility Transfer (IFT) coordination via a 1-800 number. This allows all facilities to have a single number to call to arrange for IFTs. As a result, EMS resources are able to be coordinated and utilized to maximum efficiency.

A $5-million improvement to the Portage District General Hospital emergency room created a more efficient space to strengthen the delivery of quality emergency care to patients in Central Region.

The redevelopment included:

- five additional emergency treatment spaces, one of which is a negative-pressure isolation room used to prevent the spread of communicable diseases;
- an additional two observation beds as part of a four-bed special care unit including a negative-pressure isolation room used to prevent the spread of communicable diseases;
- an improved triage area;
- improved infection control;
- enhanced privacy; and
- a new double ambulance bay replacing the existing single bay.

"Through collaborative efforts and valued partnerships, collectively we can meet our mandate to achieve the best possible health outcomes for our community." A newly expanded Portage District General Hospital emergency room with $5-million in improvements to expand its area and improve care.

Continuity and Effectiveness of Care

Manitoba Telecare is being referred to and integrated into systems within Central Region with ongoing support and promotion including expansion to Type 2 Diabetes in fall of 2009. The telephone-based program is targeted to persons with limited access to chronic disease management services and supports. Patients are contacted by health care providers to assess the patient's health, monitor any symptoms or problems, and provide education and tools for patients to better manage their own health.

MBTelehealth enables access to health care services that overcome barriers of distance and time. With the addition of a telehealth site in Gladstone, Central Region boasts increased networking with other sites in the Region: Portage la Prairie, Notre Dame de Lourdes, St. Claude, Swan Lake, St. Jean Baptiste and at the Boundary Trails Health Centre, as well as with other sites in the province.

With funding from the *Société santé en français*/ Health Canada to coordinate initiatives to improve access to health services in French, external and internal digital/electronic displays/billboards were installed in francophone communities to facilitate promotion/prevention initiatives.

Resources for the palliative care program were expanded to include two part-time palliative care nurses. This will enhance efforts to provide comprehensive, interdisciplinary, integrated, end of life care to individuals and their family members throughout illness and bereavement services.

A Memorandum of Understanding was signed and renewed 2009/10 with the Aboriginal Friendship Centre in Portage la Prairie to support diabetes prevention and healthy living.

In spite of increasing waitlists for pediatric therapy services, the rehabilitation program continues to provide quality care and offers services across the Region.

The multi-agency Child Therapy Initiative - Central Region (CTI-C) committee has focused on service coordination, capacity building and transition planning over the past year. Children's Therapy Initiative funding provided to multiple children's therapy service enables providers to:

- Continue to provide speech and language educational inservices for child care services, nursery schools and parents.
- Continue to provide speech language pathology Prevent Alcohol and Risk-Related Trauma in Youth (P.A.R.T.Y.) program on a monthly basis for preschool children, parents in the Portage Aboriginal Headstart Program and Portage la Prairie School District through the Portage la Prairie School Division.
- Offer occupational therapy inservices to school staff on fine motor function and "Handwriting Without Tears".
    - Develop and implement "How Does Your Engine Run" sessions for referred school age children and their parents. This has been implemented in southern parts of the region with plans to expand to the northern part of the region in future for regionally consistent access.
    - Augment occupational therapy and physiotherapy services provided through partnerships with local school divisions.

With the expansion of the orthopaedic surgical program at Boundary Trails Health Centre (BTHC), rehabilitation services has developed and implemented various strategies to minimize wait times to facilitate best possible client outcomes and maximize existing therapy resources as rehab waitlists continue to grow:

- Physiotherapy/occupational therapy prehab class developed to include patients on physiotherapy outpatient waitlist with degenerative joint conditions, as well as those on elective joint surgery waitlist to improve strength, range of motion and function to possibly delay surgical intervention and/or enhance and optimize post-op recovery.
- Weekly physiotherapy post-op knee class developed and implemented to ensure timely follow-up post-surgery to achieve best possible patient outcome. Group environment has demonstrated to be a very positive supportive opportunity for patients.

In collaboration with Healthy Child Coalition, and partnering on a community local level, planning and training for implementation of the Triple P (Positive Parenting Program) program in Central Region was successfully undertaken.

Manitoba Health's Long Term Care strategy provides for increased options for housing with supports as alternatives to premature and untimely personal care home placement by addressing the gap between the individual living at home receiving home care and the person moving into a personal care home. In the last few years, Central Region has benefited from additional spaces in Supports for Seniors in Group Living (SSGL). There are currently 18 SSGL sites within the region and of those, 7 were newly implemented in 2009/10: Morden, Portage la Prairie, Miami, Swan Lake, Elm Creek, Plumas, and St. Jean Baptiste.

Central Region provided enhanced funding for congregate meal days. A total of 15 meal days have been added regionally in different community locations.

We now have 21 additional congregate meals in communities within RHA Central.

Community Resource Councils (Services to Seniors) received an increase of funding in 2009/10 and these dollars were distributed to communities.

Access to geriatric specialty services was increased as Dr. Berman-Wong completed a care of the elderly specialty in May 2009. Many patients have benefitted from this specialty service in the northern part of the Region.

The St. Claude Community Medical First Response group completed their training and licence process through 2009. The regional EMS department provided advice and support which guided them through the process. They went live with paging from MTCC in May, 2010.

Eden's community mental health workers relocated to a downtown storefront office space in Winkler. Pathways Community Mental Health Services provide more readily available non-institutional access to mental health services in proximity to other health and social service providers.

Increasing Cultural Awareness

An Aboriginal Cultural Awareness Survey was designed and attached to the Staff Development Learning Needs Assessment 2010/11. The survey was given to over 3,000 staff members and 300 responses were received. The survey results will be used to develop tools such as an Aboriginal Cross Cultural Awareness/Cultural Safety workshop.

RHA Central has developed a service delivery model that builds on the strengths of existing service providers and resources to coordinate available French language services and to build capacity in the organization and in the community. The focus in 2009-2010 was to:

- Finalize French language services (FLS) polices (approved in consultation with the *Table de concertation régionale du Centre*)
- Complete a designation exercise of programs/sites and positions within RHA Central
- Develop an FLS awareness workshop for staff carried out in 2010-2011. This workshop included presentations from the Francophone Affairs Secretariat, the *Conseil communauté en santé du Manitoba*, the RHA Central, as well as a practical/interactive session on Active Offer, with approximately 30 participants.

Client Satisfaction

In 2009, recipients of adult ,child & adolescent, and inpatient mental health services in RHA Central were invited to provide feedback of services received through 2009 Provincial Client Satisfaction questionnaire process. General satisfaction meets the 80% benchmark set by the Mental Health Branch.

RHA Central continues to audit satisfaction surveys of hospital care providers with respect to mental health services in emergency room. The utilization of this service continues to increase and there is ongoing satisfaction in the provision of emergent/urgent mental health presentations at Portage District General Hospital and Boundary Trails Health Centre emergency rooms, as well as support provided to other emergency departments.

RHA Central # of patients entering ER with Mental Health Diagnosis:

2008-09	252
2009-10	345

A Home Care Client Satisfaction survey indicated that 93% of clients surveyed responded positively to the question *"I like the services I received from Home Care"*.

Client satisfaction surveys for prenatal education were implemented in 2009. The majority of prenatal education series (19) used the survey tool and 142 evaluations were completed.

Focusing on Partnerships

The RHA Central received funding from the *Société santé en français*/Health Canada to coordinate special projects including:

- Developing a partnership protocol to facilitate networking and collaborative projects amongst francophone partner agencies.
- In collaboration with RHA Central, installation of Telehealth site in St. Laurent as part of a provincial strategy in linking francophone communities.

A Memorandum of Understanding was signed and renewed in 2009-10 with the Aboriginal Friendship Centre Portage la Prairie to support Diabetes prevention and healthy living (see p. 25).

RHA Central continues its partnership with Sandy Bay First Nation for Chronic Disease Prevention Initiative.

In March 2010, the Lorne Palliative Care Committee successfully recruited four volunteers from the Swan Lake First Nation to join their group. This is an important initiative for this group as we have First Nation clients who require volunteer palliative care services in the area.

The Lorne Wellness Centre Committee in Swan Lake and the St. Claude Wellness Centre Committee in St. Claude received approval to purchase the land back from the RHA Central for purposes of constructing a Wellness Centre.

The Disaster Management Officer for RHA Central is working with Manitoba Emergency Measures Officer to help local communities exercise their respective Emergency Operation Centres (EOC).

RHA Central staff have been invited to participate in the health fairs at the Swan Lake First Nation throughout the year and dietitian services have been offered at Sandy Bay Health Centre on a monthly basis improving access. Partnerships with Sandy Bay and other First Nation communities have been developed with regular communication to improve coordination of services through better understanding of needs and roles

Partnerships have been fostered with a Stakeholders Group involved in developing a newsletter to communicate to the community the array of health services available to Gladstone area and residents.

Carman held a five-week Police Academy in early 2010. The sessions included information on internet scams, frauds, elder abuse, medication safety, power of attorneys/wills and emergency preparedness. Community representatives were guest speakers - hoping to bridge relationships with the community.

The City of Winkler police staff were hosted at Eden Mental Health Centre for purposes of orientation and relationship building with staff and the facility.

At Eden Health Care Services, a lecture series consisting of an evening public lecture and a full day workshop was inaugurated. The topic was *"When Life Bites"* and the presenter was Dr. David Kuhl. Attendance was in the order of 200 persons from the community, the region and beyond.

A shared Care Position was established in partnership with the Dr. C. W. Wiebe and Portage Clinics. These positions are staffed by a psychiatric nurse who provides mental health resources to physicians and liaison with the mental health system.

The RHA Central has a long-standing existing partnership with the Altona and Area Family Resource Centre (FRC). An agreement was reached to maintain a close proximity and enhance available space between the FRC and public health/Families First in appropriate locations.

In Morris, an ongoing collaboration and partnership between the RHA and various community groups was realized though: 1) the joint assessment on the feasibility of a new privately-owned physician clinic; 2) linkage with local arts group to promote local artist work by displaying art work in Morris General Hospital; and 3) increased communication and clarification of roles with the Rosenort Housing Corp. regarding ownership agreement for the Heritage Centre.

We continue to build partnerships ...

Assembly of Manitoba Chiefs
Aboriginal and Northern Affairs
Contract Health Corporations
Education/School Divisions
E-Health Manitoba
Foundations
Healthy Living Together & Chronic Disease Prevention Initiative Communities
Family Services & Housing
Friendship Centres
Society for Manitobans with Disabilities
Rehab Centre for Children
First Nation Communities
Manitoba Métis Federation
First Nations and Inuit Health Branch
Manitoba Health
Manitoba Healthy Living, Youth and Seniors
Communities in Central Region
Table de concertation régionale du Centre
Société Santé en Français
Conseil Communauté en Santé du Manitoba inc.
Other Regional Health Authorities
Diagnostic Services of Manitoba
Services to Seniors Groups
IMPACT Manitoba
Royal Canadian Mounted Police/Local Police Services
Fire Departments
Manitoba Public Insurance
MBTelehealth
Colleges and Universities in the Province
Employment Resource Centres
CancerCare Manitoba
Child and Family Services of Manitoba
Women's Shelters
MB Patient Safety Institute and Canadian Patient Safety Institute
Healthy Child Coalition of Manitoba
Age & Opportunity
Francophone Oncology Network

And many other valued partnerships.

Board End: A sustainable safe and integrated **client-centred health care system**

Strategic Priorities

1. A culture of safety throughout the RHA Central
2. Quality Health Care RHA Central
3. Organization-wide accountability
4. Continuity of Care

Performance Results

The challenge of inter-connectedness between individuals and systems is considered in relation to performance in key areas regarding accessibility, safety, continuity of service and effectiveness.

Creating a Culture of Patient Safety

Results from the Patient Safety and Worklife Culture Accreditation 2009 survey completed by RHA Central staff indicates that:

- 78.3% of staff agree or strongly agree that patient safety decisions are made at the proper level by the most-qualified people.
- 69.5% of staff agree or strongly agree that good communication flow exists up the chain of command regarding patient safety issues.
- 87% of staff agree or strongly agree that their unit does a good job managing risks to ensure patient safety.
- 75.6% of staff agree or strongly agree that senior management provides a climate that promotes patient safety.

Hospital Separations

- The total hospital separation rate for Central Region residents is 160.9 per 1,000 residents, which is higher than the provincial rate of 136.7 per 1,000. In the region, these separations accounted for 791.5 acute care days per 1,000 residents.
- Within the region, acute care separation rates are much higher among First Nation residents (326.3 hospital separations per 1,000 residents) compared to non-First Nation residents (106.3 hospital separations per 1,000 residents).
- First Nation residents of Central Region also spend more days in hospital than non-First Nation residents at 1,464 acute care days per 1,000 First Nation residents compared to 777.6 per 1,000 non First Nation residents.
- The hospitalization rate for Central Region children (aged 0-19) is 36.6 per 1,000 children which is very similar to the Manitoba average of 37.8 per 1,000.
- While pregnancy and childbirth represented the most hospital separations among RHA Central residents, it was only ranked 11th in terms of number of hospital days by cause.
- Mental illness, on the other hand, was only ranked 11th in terms of the number of separations by cause, but mental health patients were 3rd in terms of number of hospital days used. This suggests that mental illnesses that result in hospitalization are serious and can require lengthy stays in hospital.
- Factors influencing health status and service use account for the second-highest number of hospital cases among regional residents (1,402)

but also accounts for by far the highest number of days in hospital (20,746 or 22.1% of all hospital days). This diagnostic category is extremely broad and includes supervision for pregnancy and high-risk pregnancy, dialysis, screening for disease, observation and evaluation for suspected conditions, fitting of medical devices. At this point, we do not know specifically what are the most common reasons of hospitalizations within this category, but will review further during our ongoing health assessment projects.

Continuity and Effectiveness of Care

Continuity of service is taking on an increasingly important goal as a part of health system performance, particularly with the increasing emphasis on primary health care. Continuity of service allows for a more permanent relationship between clients and providers to be built. Improved continuity of care is linked to improved adherence to screening and treatment regimens, recognition of unidentified problems, better immunization outcomes, fewer hospitalizations, lower use of emergency rooms, improved patient satisfaction, and a general reduction or avoidance in health care costs.

- Within Central Region, 60.9% of adults had at least one half of their physician visits with the same physician in a two-year period. This is lower than the provincial average of 67.7%.
- Among Central Region children, the continuity of care rate is lower at 43.0% compared to the provincial average of 56.2%. Continuity of care for children refers to the percentage of children 0-19 years of age receiving more than 50 % of their ambulatory visits from the same physician in a two-year period.
- Within the region, 52.3% of patients with a new antidepressant prescription and a diagnosis of depression had at least three more physician visits within four months compared to 58.2% of Manitobans.
- Among Central Region residents who have been diagnosed with diabetes, 37.2% have had an eye exam, which is higher than the provincial rate of 33.5%.
- The hospitalization rate for ambulatory care sensitive conditions (conditions when managed well at the community level, should not require hospitalization - such as diabetes) is 14.8 hospitalizations per 1,000 Central Region residents, which is slightly higher than the provincial rate of 13.5 per 1,000 Manitobans.

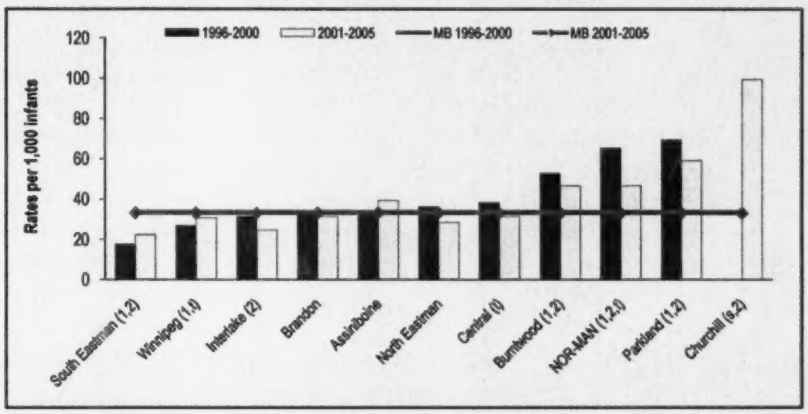
Mortality and Hospital Re-Admissions

- The 30-day in hospital acute myocardial infarction (AMI) mortality rate among Central Region residents is 9.7% of those who have had an AMI compared to 9.2% of Manitobans who have had an AMI. This means that 9.7% of residents die from many causes (not necessarily from AMI) within 30 days of being hospitalized for AMI.
- Within Central Region, 6.6% of residents who experience an AMI are re-admitted to hospital within 28 days compared to 5.8% of Manitobans.
- The 30-day in-hospital stroke mortality rate among Central Region residents is 20.2% of those who have had a stroke, which is higher than the provincial rate of 18.3%. This means that in Central Region, one in five residents who are hospitalized for a stoke, die within 30 days from many causes (not necessarily from stroke).
- The re-admission rates for infants within 28 days of birth is 31.3 per 1,000 Central Region infants, which is slightly lower than the provincial average of 33.0 per 1,000.

Highlights in Hospital Re-admission Rates for Newborns

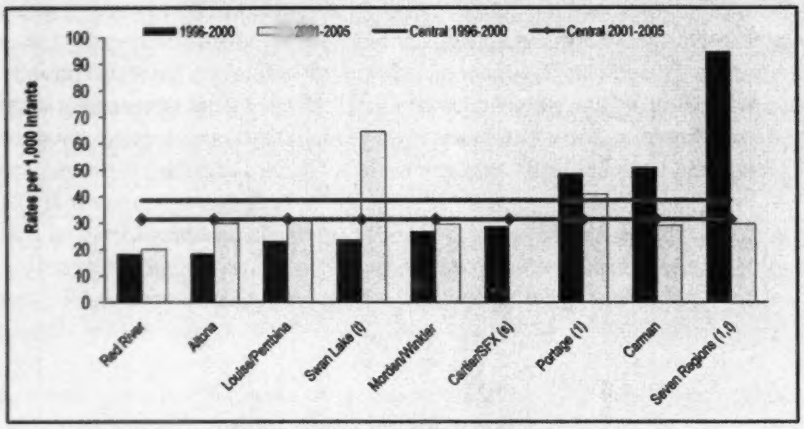
- Within our region, newborn re-admission rates decreased significantly from 38.5 to 31.3 per 1,000 infants between 1996-2000 and 2001-2005. Our rate has gone from being higher than the provincial average to lower (although the difference is not statistically significant) (see **Figure 11**).
- At the district level, there is a great deal of variation in both the newborn re-admission rates, as well as the trends over time. The Swan Lake district experienced a statistically significant increase in newborn readmission rates (to 64.5 per 1,000 infants) while the Seven Regions district had a statistically significant decrease in readmission rates (see **Figure 12**). The lowest re-admission rate was for Red River residents at 20.0 re-admissions per 1,000 infants.

Figure 11 Newborn re-admission rate by region, 1996/2000 and 2001/05



Source: *Manitoba Centre for Health Policy, Manitoba Child Health Atlas 2008.*
NOTE: *Churchill rates should be interpreted with caution due to small numbers.*
'1' indicates area's rate was statistically different from Manitoba average in first time period.
'2' indicates area's rate was statistically different from Manitoba average in second time period.
't' indicates change over time was statistically significant for that area.
's' indicates data suppressed due to small numbers.

Figure 12 Newborn re-admission rate by district, 1996/2000 and 2001/05



Source: *Manitoba Centre for Health Policy, Manitoba Child Health Atlas 2008.*
NOTE: *'1' indicates area's rate was statistically different from Manitoba average in first time period.*
'2' indicates area's rate was statistically different from Manitoba average in second time period.
't' indicates change over time was statistically significant for that area.
's' indicates data suppressed due to small numbers.
UBC Centre for Health Services and Policy Research, Continuity of Care, http://www.chspr.ubc.ca/research/patterns/continuity

2009/10 Expected and Actual Results

Being Prepared for and Responding to Significant Events and Disasters

In spring 2009, RHA Central successfully responded to an impending threat from the Red River flood. Water levels were second-highest in recorded history. The Regional Operation Centre (ROC) planning group was put into alert mode in readiness for the potential evacuation of approximately 80 patients and residents who were at risk. While evacuation was not required, staff did have to deal with road closures and access issues into the community of Morris and EMS staffed two additional units to ensure uninterrupted services to the area.

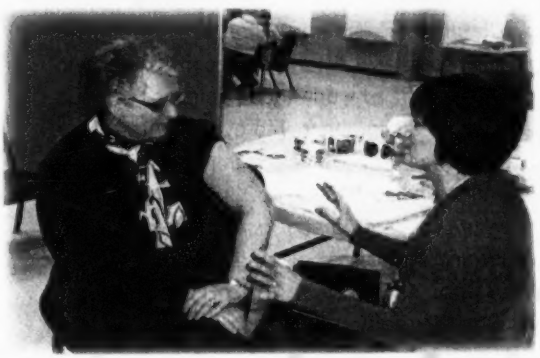
At the same time, a strain of flu called H1N1 began spreading rapidly throughout the world. By June, 2009, the World Health Organization (WHO) had declared the existence of an H1N1 pandemic. H1N1 disease in Manitoba had two waves in the spring and fall, with the second wave affecting more people, though not as severely as anticipated.

Responding to a global health crisis calls for advance preparation, commitment and joint effort from a lot of dedicated people. The ROC planning group reorganized into mitigation mode to deal with the anticipated threat from H1N1. An incident command structure was designed. H1N1 preparation affected every part of the RHA Central including acute, long term care, community, and physician offices, whether it was treating sick people, teaching people how to stay healthy or vaccinating. A two-day pandemic exercise was conducted with approximately 100 staff and with participants from Corrections, Dakota Ojibway Health Services, Manitoba Emergency Measures Organization, Diagnostic Services of Manitoba, and Manitoba Health. As well, RHA Central assisted First Nation communities with additional pandemic planning and information sessions with municipalities, school divisions, and staff were also held.

RHA Central hired over 100 nurses (both retired and other) to assist in the H1N1 mass immunization clinics. Over 32,000 people were vaccinated in total. Coverage rates were lower than the provincial average. Cultural differences in attitudes toward vaccination account for the majority of the significant variation from the provincial rate. Initial vaccine supplies were limited and were administered via priority groupings as per Manitoba Health's lead. When vaccine was more available to our region, a lot of the public interest had dissipated.

The ROC Manual is in re-write as a result of testing and lessons learned from the mitigation response to H1N1. The Regional Pandemic Plan has been completed and posted as an attachment. The Incident Command system has been re-named to Incident Management System to better reflect the leadership style of this Region.

During the year, RHA Central also continued participation in table top exercises and facility mock exercises. The regional Code Grey External Air Hazard, Severe Summer Storm and Severe Winter Storm for each Site document, has been updated and tested and is now on the Region's Intranet so all staff have access to the documents for review purposes.



Meeting Standards

As a follow-up to the 2009 final report from Accreditation Canada, Central Region submitted a 6 month progress report. The report outlined how the region is addressing key areas such as implementing a falls management program, reconciling client's medications to prevent medication errors, implementing policies such as "do not use" abbreviations in an effort to prevent medical errors and implementing methods to enhance communication between care providers. These initiatives are excellent examples on how the region is focused on building a culture of safety. A second report is due to Accreditation Canada in the fall of 2010.

A number of other external reviews and surveys are completed within our region annually including, but not limited to the Manitoba Health Personal Care Home (PCH) Standards, the Manitoba Quality Assurance Program (MANQAP) and other bodies who, through their surveys, offer recommendations and commendations.

The MB Health PCH Standards visits were completed and successful with the majority of sites meeting all standards. Managers and staff work diligently throughout the year to provide excellent care and a home-like atmosphere to residents. This ensures that standards are met on a daily basis, not just in preparation for the Standards visit.

The European Congress of Radiology (ECR), announced Boundary Trails Health Centre as the winner in the neuro category of the Siemens International CT contest. With entries submitted from across the world, the contest objective was to achieve the best possible image quality with the lowest possible dose. The award is a tribute to the staff and their willingness to achieve the highest performance possible. Dr. Robert McGregor was the author of the submission.

Boundary Trails Health Centre (BTHC) was the recipient of two awards at the Manitoba Patient Access Network (MPAN) inaugural Health Innovations conference in Winnipeg. The first award was presented to the BTHC Cancer Care Program (CCP) for their involvement in the diagnostic "pre-referral" workup, which encourages physicians to refer to the CCP early in the course of the patient's illness, often prior to availability of a formal pathology report. The second award was presented for the Cross-match Criteria for Rural Orthopedics. A process was developed that would drastically reduce the number of packed cells being received and outdating at BTHC blood bank, yet ensure that red blood cell units were in-house for those patients most likely to need them. Patients no longer have to stay another day in hospital waiting for cross-matched units to arrive from Winnipeg. Under the leadership of Cathy Rudd (Lab technologist), Dr. Bob Menzies and their team, the implementation of the cross-match criteria for rural orthopedics has saved hundreds of units from being discarded at BTHC, thereby saving MB Health close to 1/2 million dollars.

Building a Culture of Safety

As identified through a comprehensive regional patient safety assessment and subsequent action plans, system changes to strengthen the culture of safety were implemented.

In consultation with the Regional Health Authorities of Manitoba and the Canadian Patient Safety Institute, Central Region coordinated a provincial workshop on root cause analysis with basic and advanced "train the trainer" sessions. Trainers are now returning to the RHAs to provide ongoing education on root cause analysis. Root cause analysis is one type of structured process that is utilized to investigate and analyze preventable adverse events. It asks a series of "why" questions in an effort to identify contributing factors and root issues to an adverse event. Strategies are then developed to help improve patient care and safety by addressing the root issues.

Two prospective reviews known as Failure Mode Effects Analysis have been done in the region. These were in relation to reprocessing and sterilization practices and labelling of lab specimens at an acute care site. Action plans were made following these reviews and follow-up has taken place accordingly. Failure mode effects analysis is also a structured process that looks at how a process will fail and actions are then identified to decrease the likelihood of an adverse event from taking place. It looks at the potential for a negative outcome vs. identifying root issues after the fact.

Staff Education and Regional Rehab Services collaborated in teaching of the Safe Client Handling Injury Prevention program for implementation in the acute, long term, and home care settings.

Staff throughout Central Region have been introduced to the concepts of the PIECES model of care for dementia residents (PIECES stands for considering the Physical,Intellectual, Emotional, Capabilities, Environment and Social conditions a resident is experiencing). The tool has been introduced by five-day workshops, taught by the Region and Alzheimer's Society, and supported by Manitoba Health. We are using it in meetings between departments, and within departments to identify the causes of concerns, and develop shared action plans.

Dietitians are providing support for health care provider inservices regarding safe client feeding. "Silver Spoons", a resource tool has been introduced within the regional training for Texture Modified Diets.

Regional food service managers developed a Safe Work procedure template and over 33 Safe Work procedures for use in regional food service departments to meet Manitoba Workplace Health and Safety regulations. This establishes a safety culture base for food services to work from, to ensure that our employees are trained and receive the information they need so they understand how to safely operate and handle the equipment they use, and to reduce risk of injury to themselves.

Transfusion medicine was enhanced to improve patient safety in facilities, including equipment additions, staff training, patient information tools and policies implemented to meet required standards.

The Falls Management Program was implemented in the majority of communities in home care, personal care homes and transitional care centres.

"Eat, Drink and Enjoy", a dining room service - resident information system for use in long term care facilities is being trialed in some sites. It is a user-friendly system for nutrition and food service staff to ensure that residents' needs are addressed at meal times, with pertinent information about each individual resident readily available in this dining room binder system.

Being Accountable

A comprehensive listing of all food and beverage products offered for sale at Food Service operations throughout the RHA Central was completed with standardized pricing and portion sizes for fair and consistent pricing. This also allows a regional approach to price increases.

The RHA Central core values of integrity, caring and excellence reflect our ethical obligation to be honest and forthcoming about critical incidents, occurrences and near misses involving error in the health care system, whether the outcome is serious or not. Critical Incidents, which are the most critical incidents, represent less than 1% of reports.

A Decision Support Team was established to support a regional approach in planning evidence-based, decision-making and accountability practices.

Whistleblower Protection

Public Interest Disclosure - Bill 34 – The Public Interest Disclosure - Bill 34 (Whistleblower Protection Act) gives employees and others a clear process for disclosing concerns about significant and serious wrongdoing in the Manitoba public service, and provides protection from reprisal. The act (Bill 34) is not intended to deal with routine operational or human resource matters. Employees who have concerns about such matters should follow existing procedures to deal with these issues. The law applies to employees and officers at all levels of provincial departments, Offices of the Legislative Assembly, and government bodies including Regional Health Authorities.

As per subsection 18 of the Act, and in terms of reporting procedures, the following is the Whistleblower Protection Report.

Whistle Blower Reporting Officer: Jane Curtis

Reporting Period: April 2009 - March 2010

Disclosures Received: Subsection 18(2a) 0 Received.

There were no disclosures received from April 2009 to March 2010 therefore there was no actions required.

Investigations Commenced: Subsection 18(2b)
0 Commenced.

There were no investigations commenced as a result of a disclosure.

Finding of Wrongdoing/Recommendations/ Corrective Actions Taken: Subsection 18(2b):

0 Findings of Wrongdoing
0 Recommendations
0 Corrective Actions taken

There were no disclosures received resulting in no investigations or findings of wrongdoing.

Challenges and **future directions**

RHA Central continues to experience many of the challenges typical of the health care environment in Canada as a whole. However, these challenges present themselves uniquely in each region, including our own. In the next year, we will focus our attention on the 2011-16 Strategic Plan as part of the next five-year planning cycle.

Challenge

In 2010, we completed the Community Health Assessment. The Key Themes that emerged include:

Notable Population Trends
- A Growing Population
- An Ageing Population

High-risk Families
- Maternal Health
- Sexual Health

Chronic Disease
- Diabetes

Mental Health

Aboriginal Health Status

Access
- Understanding Cultural Needs
- Jurisdictional Issues

Our Approach: The CHA document provides a wealth of information on our region's health status and will be invaluable as we work on our five-year strategic plan. We will share the information with our community and planning partners.

Challenge

Health care needs are rising in the midst of growing resource constraints. The population of RHA Central has increased by 8.3% from 1996 to 2006, almost double the provincial average of 4.7% over the same period. Specifically, in the Morden/ Winkler area, there has been a tremendous population growth of 39%. The growth in our population has already significantly increased demands for our programs and services. We expect this impact to continue as the population of RHA Central is predicted to grow by over 54% by 2036. Immigration enriches the ethnic and cultural diversity of the Region, but also brings with it new ideas, challenges and diverse needs.

Our Approach: The Board will develop a Community Engagement Strategic Plan to continue engaging the community in dialoguing about these issues as well as other challenges.

- We will continue welcoming new partnerships.
- Identify areas that require resources to ensure we can either stabilize and/or meet the increased demand on some of our services and programs.

RHA Central will consider options to provide language access services in the region.

Challenge

The population of RHA Central residents over age 75 increased by 8.1% between 1996 and 2006. Manitoba Bureau of Statistics projects very strong growth among the senior population of our Region. Specifically, growth rates of over 90% in residents age 65 and older are projected by the year 2036.

Our Approach:

- Support individuals to remain in their community and "age in place' will not only promote independence in daily living, but will also maximize overall health and well-being.
- We will examine opportunities to expand the geriatrics program.

Challenge

It's becoming more difficult to recruit and retain enough staff. Increasing numbers of retirements are creating shortages across the Region and we continue to strive to recruit physicians, nurses, nurse practitioners, diagnostic professionals and EMS personnel to meet our service delivery needs and reduce intermittent service curtailments in some locations throughout the year.

Our Approach: Continue to work to ensure the hiring of qualified employees for vacant critical positions.

- Continue fostering opportunities relating to appropriate international and national recruitment such as the successful nursing recruitment project in the Phillippines.
- Continue to offer retention and training initiative programs within the Region. For example, offering Aboriginal Health High School Internship Programs will draw more aboriginal youth people to think of choosing careers in health.
- Expand our role in training medical students and residents in rural. RHA Central plays an important role outside of Winnipeg and its role may increase in the near future. Approximately 120 medical students/residents are expected to rotate within RHA Central.

Challenge

Chronic disease management is a challenge. For example, diabetes rates in RHA Central have increased significantly in the past decade, (from 5.9% to 7.3% between 1998 and 2006) and 40% of people with diabetes develop long-term complications such as high blood pressure, vision loss and kidney disease. It is estimated that more than 75% of health care dollars are spent on patients with chronic diseases and the majority of health care dollars are spent in the last months of our lives.

Our Approach: Invest in community development approaches. Healthy Living Facilitators work with communities to support healthy communities, prevent chronic disease, and support a population approach to health and wellbeing. They engage with communities to look at broad determinants of health and health promotion strategies. Using a client-centred approach with chronic disease self management principles, nurse educators, mental health providers and dietitians act as a resource to primary care providers in the region in the area of diabetes and other chronic diseases.

Challenge

New costs of medical, technological and pharmaceutical innovation have and will continue to change the face of health care. Ageing capital and information technology (IT) infrastructure and ageing equipment across the Region are an increasing concern. A substantial investment is needed to upgrade information systems and to improve safety and security. More space is needed to accommodate increased demand for services and new program initiatives.

Our Approach: Continue planning and improving the quality of all programs and services with an evidence-informed approach.

- Continue working in partnership with communities and stakeholders.
- Work with multi-stakeholder groups in Electronic Medical Record (EMR) strategy-building, while understanding the status of a provincial EMR.
- Using a change-management model to ready and position the RHA Central in taking advantage of opportunities.
- Being innovative in our procurement and purchasing programs, working collectively with regional, provincial and national partners where able.

Challenge
Central RHA and communities worldwide are facing new or emerging strains of diseases and outbreaks such as last year's H1N1. There will be considerable pressure to improve the capacity of local public health systems.

Our Approach: Increase attention to disaster preparedness.

- Continue reviewing, improving and exercising pandemic plans.
- Increase partnerships in pandemic/ disaster planning with the First Nation communities and municipalities.

Challenge
Regulatory demands are increasing. Advances in research have increased the complexity of care and added pressure to improve quality, safety and access. Many factors such as education, income, social networks, etc., that impact our health go well beyond the traditional boundaries of the health sector.

Our Approach: Continue reviewing our practices to promote a population health approach.

- Move forward with our chronic disease prevention and primary care programs.
- Consider the social determinants of health in policy and program development.
- Actively partner with other sectors to address the challenges and needs of marginalized populations living in poverty within our region.
- Continue to enhance understanding re. the impacts of emotional and mental health in total health.

Challenge
Global economic recession is impacting all sectors of society and health care is not immune to this significant challenge.

Our Approach: Continue to manage resources effectively.

- Communicate with Manitoba Health the broad range of critical pressures due to volume, population and price increases that our region is facing today and into the future.
- Explore opportunities in innovation and sustain ability.

Challenge
Patient safety has gained increased attention across the nation and in RHA Central, enabling a culture of safety continues to be a priority.

Our Approach: The Board will engage in developing a Strategic Plan focused on a Sustainable, Safe and Integrated Client-centred Health Care System.

We strive to build and demonstrate our culture of safety in many ways – be it through our safety committees' work, through critical incident reviews, hand hygiene campaigns, falls prevention programs, safe medication use, or involvement in research with the Canadian Patient Safety Institute for patient safety research and many more initiatives. The Board of Directors also acknowledges the importance of clearly stating this as one of its priorities.

Use Accreditation Canada's recommendations to guide planning.

- Roll out a Governance Dashboard reporting system. This will help us measure and monitor both our achievements and our risk management strategies.

- Continue to implement best practices such as Safer Health Care Now! initiatives. Examples include medication reconciliation and acute myocardial care. When there are critical incidents or unexpected outcomes, we look at the factors in the health care system that contributed to those. We are trying to shift from a blaming approach to a focus on learning.

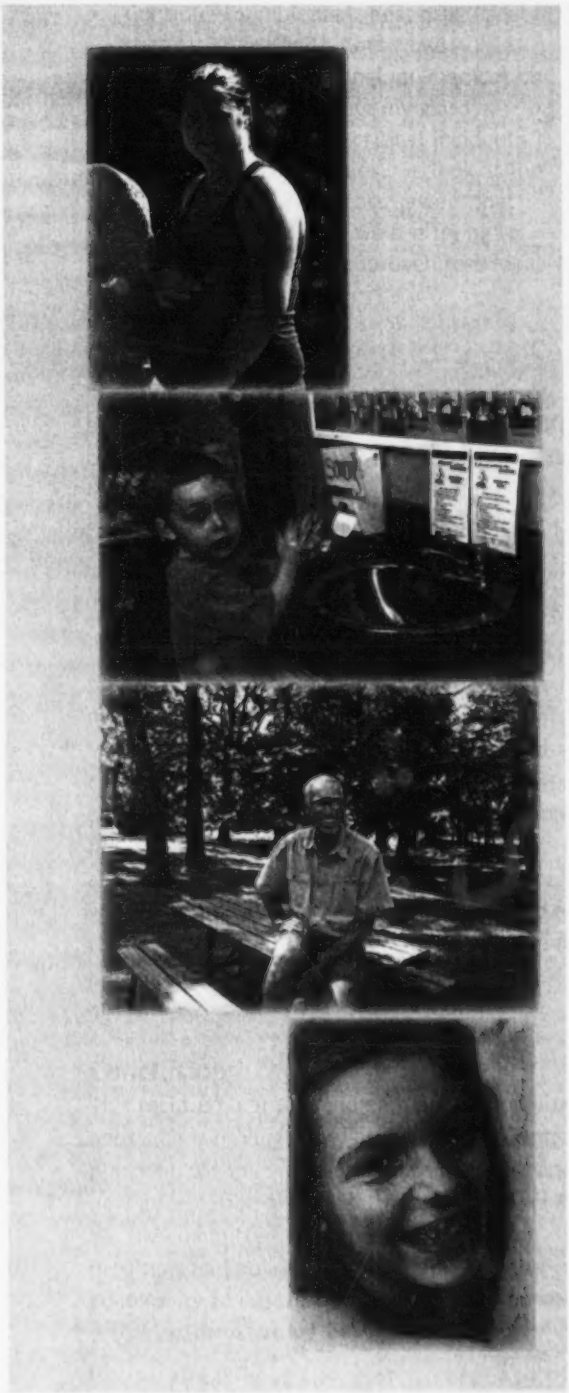
Challenge

In a complex and ever-changing environment, health care operates directly or indirectly with a certain degree of uncertainty and risk every day. Managing risk is a central part of everyone's work at all levels of the organization.

Our Approach: A systematic approach to setting the best course of action for managing risk is required. The Board of Directors revised its policies and incorporated changes relating to risk management. Risk exposure were divided into seven categories to align with Manitoba Health's categories. The types of risk exposure categories are: hazards, legal and regulatory, reputational, financial, external, operational and strategic. In addition to the governance dashboard, the region will further develop an electronic process to assess these organizational risks and then subsequently develop action plans to mitigate any high-risk areas.

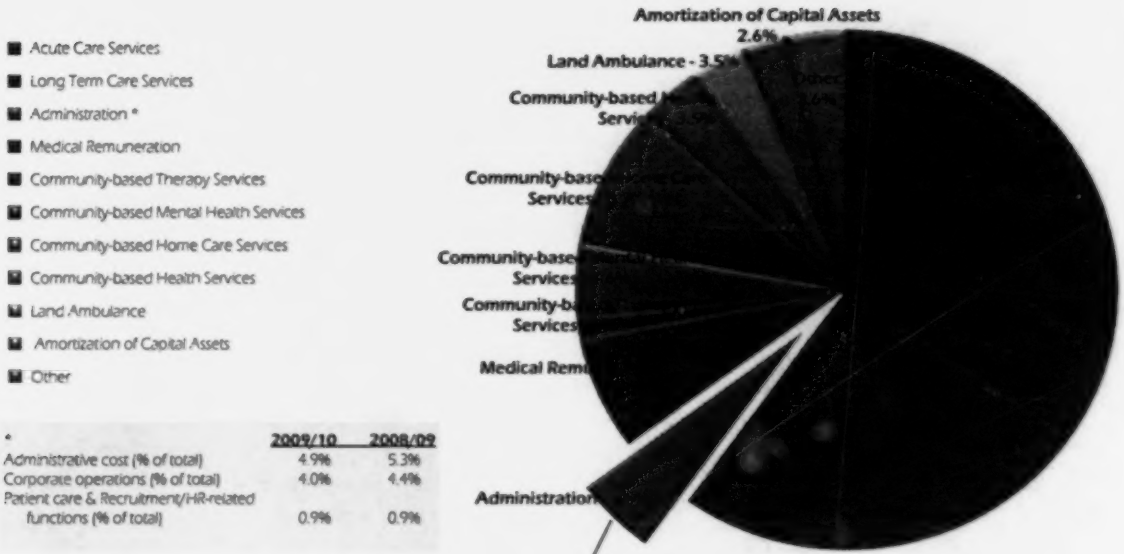
Conclusion

This focus on learning and on a population health approach is driving every aspect of RHA Central's planning. As the world around us changes, and as new information about health becomes available, we are committed to supporting prevention programs and building partnerships with the community to ensure that the people in our Region are As HEALTHY AS CAN BE.



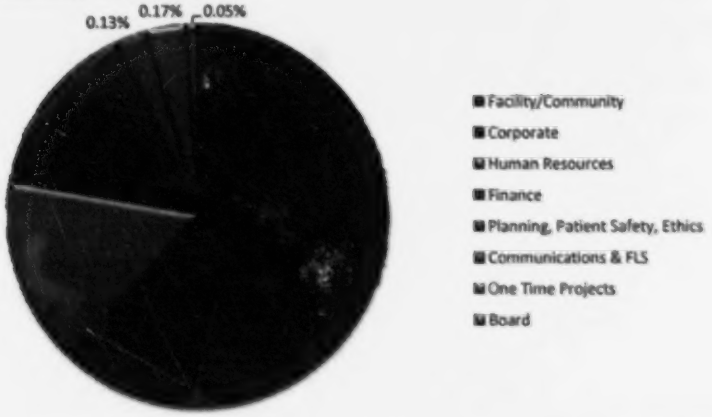
2009/10 Expenses

Regional Health Authority - Central Manitoba Inc.
Expenditure Breakdown



*	2009/10	2008/09
Administrative cost (% of total)	4.9%	5.3%
Corporate operations (% of total)	4.0%	4.4%
Patient care & Recruitment/HR-related functions (% of total)	0.9%	0.9%

Breakdown of 4.9% Administration Cost



in addition to salaries, administration costs include benefits, some regional program costs, rent, insurance, utilities, supplies, services, and travel.

Auditor's **report**

MEYERS NORRIS PENNY LLP

AUDITORS' REPORT

To the Board of Directors of
Regional Health Authority – Central Manitoba Inc.

We have audited the consolidated statement of financial position of Regional Health Authority – Central Manitoba Inc. as at March 31, 2010 and the consolidated statements of operations, consolidated changes in net assets and the consolidated cash flows for the year then ended. These consolidated financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the consolidated financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these consolidated financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2010 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information presented in Schedules 1a-3 are presented for the purpose of additional analysis and are not a required part of the basic financial statements. Such supplemental information has been subjected to auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Meyers Norris Penny LLP

Portage la Prairie, Manitoba

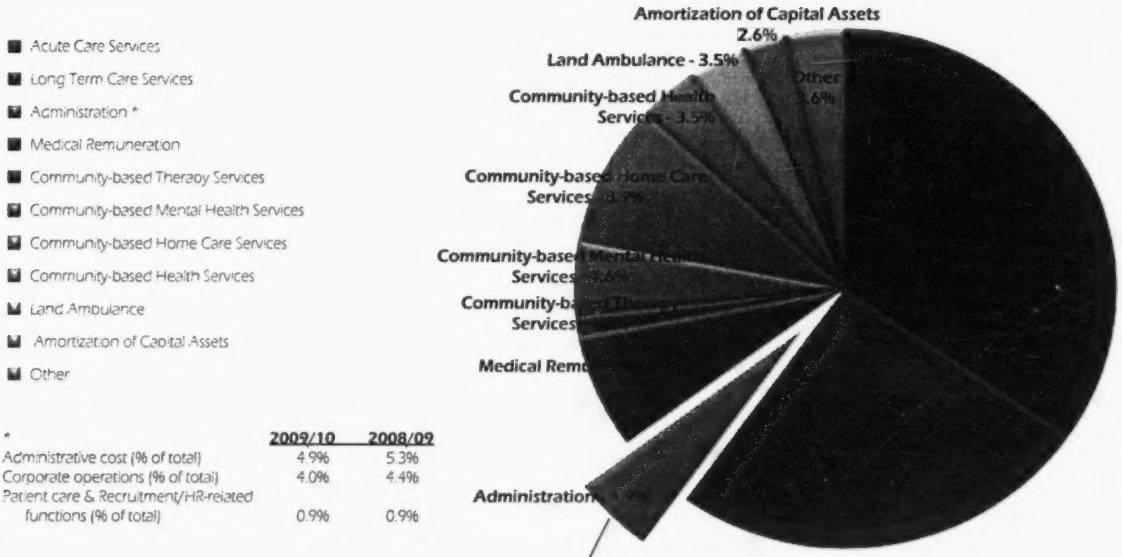
June 8, 2010

Chartered Accountants

CHARTERED ACCOUNTANTS & BUSINESS ADVISORS
780 SASKATCHEWAN AVE. W., PORTAGE LA PRAIRIE, MB R1N 0M7
1-866-939-6117 PH. (204) 239-6117 FAX (204) 857-3972 mnp.ca

2009/10 Expenses

Regional Health Authority - Central Manitoba Inc.
Expenditure Breakdown



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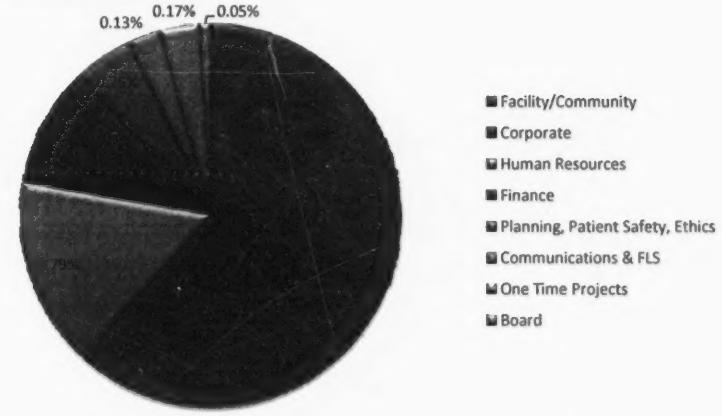

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780 SASKATCHEWAN AVE. W., PORTAGE LA PRAIRIE, MB R1N 0M7
1-866-939-6117 PH. (204) 239-6117 FAX (204) 857-3972 mnp.ca

Consolidated Statement of Financial Position

	2010	2009
ASSETS		
CURRENT		
Cash and short term investments	$ 23,351,369	$ 20,441,935
Accounts receivable, net	2,764,811	3,225,041
Accounts receivable - Manitoba Health	1,656,251	-
Inventories	1,226,408	1,155,690
Prepaid expenses	1,078,380	998,188
Due from Manitoba Health - vacation entitlements	7,775,928	7,775,928
	37,853,407	33,596,782
NON-CURRENT		
Due from Manitoba Health - retirement entitlements	9,106,000	9,106,000
Capital assets	81,153,207	80,562,663
Other assets	202,585	472,323
	$ 128,315,199	$ 123,737,768
LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS		
CURRENT		
Accounts payable and accrued liabilities	$ 14,295,324	$ 14,405,858
Accounts payable - Manitoba Health	-	778,278
Accrued vacation benefit entitlements	10,918,319	9,996,841
Current portion of long term debt	246,015	230,364
	25,459,658	25,411,341
NON CURRENT		
Accrued retirement benefit entitlements	12,650,164	11,488,803
Long term debt	2,255,091	2,425,709
	14,905,255	13,914,512
DEFERRED CONTRIBUTIONS		
Expenses of future periods	3,454,975	4,050,269
Capital assets	76,526,267	76,186,983
	79,981,242	80,237,252
NET ASSETS		
Invested in capital assets	2,126,029	1,719,795
Contract facilities	319,357	1,036,741
Internally restricted	232,397	270,170
Unrestricted	5,291,261	1,147,957
	7,969,044	4,174,663
COMMITMENTS AND CONTINGENCIES	$ 128,315,199	$ 123,737,768

Regional Health Authority
Central Manitoba Inc.

Office régional de la santé
du Centre du Manitoba inc.

Consolidated Statement of Operations

	2010	2009
REVENUE		
Manitoba Health	$ 181,311,424	$ 164,798,291
Other government departments	84,331	85,457
Non-global patient and resident income	13,552,290	12,693,044
Other income	6,407,757	6,174,284
Amortization of deferred contributions - expenses of future periods	2,982,893	2,608,993
Amortization of deferred contributions - capital and foundations	5,243,717	5,004,007
Interest and donations	110,987	331,468
Ancillary operations	2,537,448	2,394,893
	212,230,847	194,090,437
EXPENSES		
Acute care services	72,112,536	64,928,419
Long term care services	52,762,892	49,559,572
Medical remuneration	15,109,690	13,199,760
Community-based therapy services	2,637,680	2,199,944
Community-based mental health services	9,554,481	8,111,538
Community-based home care services	18,593,957	17,806,330
Community-based health services	7,299,939	6,560,328
Land ambulance	7,313,718	6,470,814
Regional Health Authority undistributed	12,254,122	12,056,865
Interest on long term debt	301,730	279,290
Pre-retirement leave	2,469,914	3,121,180
Amortization of capital assets	5,361,384	5,115,743
Major repairs	537,251	429,614
Donations to foundations	-	10,000
Ancillary operations	2,089,399	1,974,560
	208,398,693	191,823,957
EXCESS OF REVENUE OVER EXPENSES	$ 3,832,154	$ 2,266,480
ALLOCATION OF EXCESS OF REVENUE OVER EXPENSES		
Capital and donations to foundations	$ (654,918)	$ (551,350)
Interest and donations	110,987	331,468
Ancillary operations	448,049	420,333
Health care operations	3,928,036	2,066,029
TOTAL	$3,832,154	$ 2,266,480

A complete set of financial statements, auditor's reports and the statement of public sector compensation disclosure can be obtained from the Regional Health Authority - Central Manitoba Inc. by submitting a request letter to:

CHIEF EXECUTIVE OFFICER, REGIONAL HEALTH AUTHORITY - CENTRAL MANITOBA INC.
180 CENTENNAIRE DRIVE - SOUTHPORT MB R0H 1N0
TEL.: 1 800 RHA-6509 OR VISIT WWW.RHA-CENTRAL.MB.CA

Telephone **directory**

Regional Health Authority Central Manitoba Inc. / Office régional de la santé du Centre du Manitoba inc.

180 Centennaire Drive / Southport MB R0H 1N0
www.rha-central.mb.ca

180, rue Centennaire / Southport MB R0H 1N0
www.rha-central.mb.ca

Contact Numbers/Numéros de contact

Toll Free Number/Numéro 800	1 800 RHA-6509
Corporate Office/Bureau central - Southport	428-2720 tel
	428-2779 fax
Regional Office/Bureau régional - Morden	822-2650 tel
	822-2649 fax
Regional Office/Bureau régional - Notre Dame de Lourdes	248-7250 tel
	248-7255 fax
Health Links/Info Santé	1 888 315-9257
Medical Officer of Health/Médecin hygiéniste (after hours/après les heures normales)	428-2726 788-8666
Mental Health Crisis Line - 24 Hours/Ligne d'intervention d'urgence en santé mentale (24 heures sur 24)	1 866 588-1697
Mental Health Programs/Programmes de santé mentale	1 888 310-4593
Midwifery/Sage-femmerie	1 866 831-4950
Public Health Inspector North/Inspecteur de la santé publique-nord	239-3187
Public Health Inspector South/Inspecteur de la santé publique-sud	822-2849/2850
Travel Health-North/Santé en voyage-nord	239-2438
Travel Health-South/Santé en voyage-sud	331-8959

For your emergency medical services (ambulance), please refer to the MTS Directory for your service area./
Pour services d'urgence médicaux (ambulance), veuillez référer au répertoire MTS de votre communauté.

Health Care Facilities/Établissements de santé

Altona	
Altona Community Memorial Health Centre	324-6411
Eastview Place	324-8295
Carman	
Boyne Lodge	745-6715
Carman Memorial Hospital	745-2021
Crystal City	
* Rock Lake Health District Hospital	873-2132
Emerson	
Emerson Health Centre	373-2109
Gladstone	
Seven Regions Health Centre	385-2968
Third Crossing Manor	385-2474
MacGregor	
MacGregor & District Health Centre	685-2850
Manitou	
Pembina Manitou Health Centre	242-2744
Morden	
Boundary Trails Health Centre	331-8800
* Tabor Home Inc.	822-4848
Morris	
Morris General Hospital	746-2301
Red River Valley Lodge	746-2394
Notre Dame de Lourdes	
Foyer Notre-Dame	248-2092
Notre Dame Hospital	248-2112
Pilot Mound	
* Prairie View Lodge	825-2717
* Rock Lake Health District Personal Care Home	825-2246
Portage la Prairie	
Douglas Campbell Lodge	239-6006
Lions Prairie Manor	857-7864
Portage District General Hospital	239-2211
St. Claude	
St. Claude Health Centre	379-2211
St. Claude Pavillon	379-2585
Swan Lake	
Lorne Memorial Hospital	836-2132
Winkler	
Boundary Trails Health Centre	331-8800
* Eden Mental Health Centre	325-4325
* Salem Home Inc.	325-4316

Home Care/ *Soins à domicile*

Altona	**324-6458**
Carman	**745-5579**
Crystal City	**873-3030**
Gladstone	**385-3050**
MacGregor	**685-5706**
Manitou	**242-2914**
Morden	**331-8841**
Morris	**746-7351**
Notre Dame	**248-2121**
Portage la Prairie	**239-2410**
St. Claude	**379-2585**
St. Jean Baptiste	**758-3031**
Starbuck	**735-3193**
Winkler	**331-8841**

Public Health Units/ *Unités de santé publique*

Altona	**324-2351**
Carman	**745-2426**
Elie	**353-2043**
Gladstone	**385-3137**
MacGregor	**685-5705**
Manitou	**242-3117**
Morden	**331-8841**
Morris	**746-7354**
Pilot Mound	**825-2466**
Portage la Prairie	**239-2408**
Rosenort	**746-8885**
St. Claude	**379-2585**
St. Jean Baptiste	**758-3031**
Sanford	**736-2388**
Somerset	**744-2073**
Winkler	**331-8841**

Services to Seniors/ *Services aux aînés*

Altona	**324-1528**
Carman	**745-6611**
Elie	**353-2470**
Gladstone	**385-3026**
Headingley	**889-3132**
Macdonald	**735-3052**
MacGregor	**685-2083**
Manitou	**242-2744**
Morden	**822-5663**
Morris	**746-6336**
Notre Dame	**248-7293**
Pilot Mound	**825-2443**
Plumas	**386-2029**
Portage la Prairie	**239-1453**
St. Jean Baptiste	**758-3031**
Swan Lake	**836-2585**
Winkler	**325-8964**

* Contract Health Corporations/*Corporations de santé contractuelles*

2009/10 Numbers **at a Glance**

OUTPATIENTS:

Outpatient Visits (emergency and ambulatory care clinic) =	84,406
Busiest Month in 2009/10 =	November 2009

SURGERIES:

Day Surgeries in the Operating Room =	4,887
Top Surgical Diagnosis for Inpatients =	Fracture of femur
Top Surgical Diagnosis for Day Surgery =	Benign neoplasm of large intestine

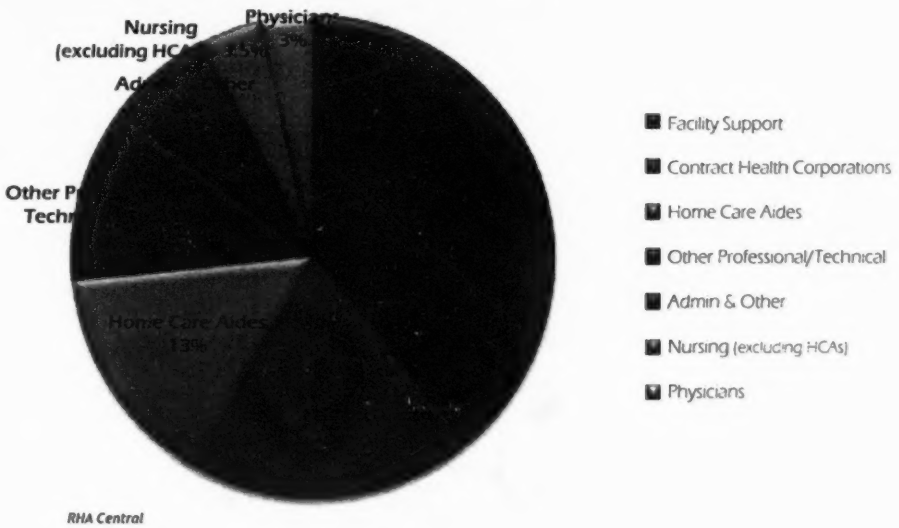
BIRTHS:

Newborn Admissions =	1,204
Multiple Births =	7 sets of twins delivered
May 2009 had the Highest Number of Births in the Region (2009/10) -	129
June 2009 had the Lowest Number of Births in the Region (2009/10) -	84

MISCELLANEOUS:

Total Discharges (acute) =	10,059
Top Medical Diagnosis for Inpatients =	Chronic Obstructive Pulmonary Disease
Number of Acute Care Beds =	368
Number of Long Term Care Beds =	817
Total Admissions to Long Term Care =	273
Total Number of Employees Including Contract Health Corporation Affiliates as March 31, 2010 =	3,788

Figure 13 Workforce demographics, April 1, 2009 - March 31, 2010



RHA Central

Regional Health Authority
Central Manitoba Inc.

Office regional de la santé
du Centre du Manitoba inc.

Manitoba has 11 Regional Health Authorities.

RHA Central extends across more than 17,075 square kilometres of south central Manitoba. It includes 37 municipalities, 6 First Nations, and 8.5% of Manitoba's total population. With approximately 105,000 people, it is the most populated rural health authority in Manitoba.

Among Central Region's most significant resources are approximately 3,700 highly skilled employees.

Recognizing that each community in RHA Central is unique, the health authority collects detailed information about health in the region as a whole and in geographic districts. This data is available in the 2009 Community Health Assessment.

The Assessment has data about:

- Health of people in Central Region
- How people use the health care system
- How the region's health system is performing

The RHA uses the data it gathers to plan for health care. Becoming familiar with the information will help you to understand how decisions are made and will help build a healthy community.

RHA Central would like to invite you to use the 2009 Community Health Assessment – a valuable tool in building a healthy community.

The RHA Central Community Health Assessment is now available. **Put it to work for your community.**

Access via www.rha-central.mb.ca or contact the RHA Central.

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Southport MB R0H 1N0
Tel: 1 800 897-6509 | Tel: 1 (204) 428-2720
Fax: 1 (204) 428-2779
info@rha-central.mb.ca

1. A Growing Population

Central Region has one of the strongest population growths in the province. One of the fastest growing segments is the senior population.

Immigration enriches the ethnic and cultural diversity of the Region, but also brings complex and often unpredictable needs.

Central has a slightly younger population than Manitoba overall. Although older residents account for the highest hospitalization rates, more and more seniors are staying in their homes longer and living in the community.

2. Need to Support High-risk Families

The health care system accounts for only 25% of people's health.

High-risk families are at greater risk for poor health. Risks increase with such factors as low education levels, poverty, and being from a single-parent family.

Fewer Central Region residents have completed high school compared to the rest of Manitoba. Fewer males than females graduate from high school.

High-risk families need more community support.

3. Chronic Disease

Chronic illnesses are among the most common and costly health problems facing Canadians, but they are also among the most manageable and preventable.

Only 1 in 5 RHA Central adults qualifies as "physically active." This is lower than the provincial average of 1 in 4.

One in four RHA Central adults is a smoker and this ratio is not falling significantly.

Adult diabetes rates are increasing in every district of our region.

Central Region wants to create strong partnerships between individuals, communities and the RHA to minimize the impact of chronic disease.

4. Mental Health

Of 3.4 million Canadians affected by depression and anxiety, more than two-thirds don't seek help.

Within Central Region, approximately one in five adults have been diagnosed with a serious mental health illness.

Central Region would like to integrate mental health with other health issues to decrease and eventually eliminate the stigma attached to mental health illnesses.

5. Aboriginal Health Needs

Aboriginal residents of Central Region are less healthy than other residents. They are three times more likely to be hospitalized.

11.1% of RHA Central residents are Aboriginal, compared to 3% of the Canadian population.

A large proportion of the Aboriginal population is young.

Aboriginal people have a high rate of diabetes.

6. Access: Cultural Needs and Jurisdictional Issues

Access to health care in Central Region is good, but barriers such as low income, geography and culture may prevent some groups from accessing care.

Language can also be a barrier to access. Almost 13% of RHA Central residents speak a non-official language, compared to the provincial average of 9%.

RHA Central promotes culturally sensitive health care so immigrants and others of different cultures get the health care they need.

Building a Healthy Community

integrity, caring and excellence

Building a Healthy Community

An abridged copy of this report is available in French upon request from the Regional Health Authority - Central Manitoba Inc.

La version abrégée française du rapport annuel est disponible sur demande au bureau de l'Office régionale de la sante du Centre du Manitoba inc.

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